

4436

# DEVON COUNTY COUNCIL

(MEDICAL DEPARTMENT)



## ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1954

MEDICAL OFFICERS LIBRARY  
PUBLIC HEALTH DEPARTMENT

SEEN BY THE  
MEDICAL OFFICER



ANNUAL REPORT  
OF THE  
PRINCIPAL SCHOOL MEDICAL OFFICER, 1954

---

INTRODUCTION AND SUMMARY

---

*To the* CHAIRMAN and MEMBERS of the DEVON COUNTY  
EDUCATION COMMITTEE.

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report upon the work of the School Health Service in the County for the year ended 31st December, 1954. This is my 26th Annual Report and the last that I shall submit to the Council as their Principal School Medical Officer.

In the Annual Report of last year, I mentioned that it was hoped the new Special School for educationally sub-normal girls and junior boys at Maristow House, Roborough, would be opened during 1954. I am now pleased to be able to report that the school commenced to function on 17th November, 1954, the opening ceremony taking place on 18th February, 1955, and was performed by the Rt. Hon. Sir David Eccles, K.C.V.O., P.C., M.P., Minister of Education. The School has accommodation for 100 children, together with teaching, supervisory and domestic staff. It is situated nine miles from Plymouth and is a magnificent building overlooking the estuary of the River Tavy, with ample playing fields and recreation facilities. It also gives me great pleasure to report that extensions to Withycombe House Special School at Exmouth were opened by Dr. A. F. Alford, C.B.E., M.B., Ch.B., Senior Medical Officer of the Ministry of Education, on 7th February, 1955. We shall, in consequence, now be able to accommodate an additional 38 children at this school for educationally subnormal girls.

Your attention is drawn to the reports of individual Assistant County Medical Officers, in which are several references to the good physical standard of the children and to the lack of infestation amongst them; conversely, however, there are references to poor posture which should not be overlooked.

Through the courtesy of Dr. Brimblecombe, the Paediatrician to the Exeter Clinical Area, Assistant County Medical Officers in the vicinity were given the opportunity of attending ward rounds at

the hospitals in Exeter. This facility was greatly appreciated by the members of the staff, and much valuable exchange of information took place.

The new Bideford clinic has been a great joy to the local staff, and the advantages of working in a well-equipped building have been greatly appreciated by all. It is hoped that further buildings of this type may be developed in the County in years to come.

In my last year as Principal School Medical Officer it gives me pleasure to record that the staffing difficulties in the School Dental Service seem very largely to have been overcome, at any rate as far as the County of Devon is concerned. This happy picture has been marred by the death of Dr. D. R. House, in his 54th year. He had been in poor health for some time and had been a most valuable member of the dental staff. Although at one time during the year the approved establishment of dental officers had been reached, this establishment had been agreed when the school population was some 52,000. It has now risen to over 62,000, indicating that an increased staff of dental officers is necessary to deal with the increasing dental disease which confronts them. In the Health of the School Child for the years 1952 and 1953, the result of a survey undertaken on behalf of the Ministry of Education into the incidence of dental decay in Somerset is recorded. It is interesting to note that in that County in 1948 in the 12-year-old group 22.3% of the children had mouths naturally free from dental decay of any kind. In 1953 the percentage had fallen to 9.4. In 1948 the average number of teeth per child which had fallen victims to decay was 2.7. This in the same age group had risen to 4.3 in 1953.

I wish to express my thanks to the Committee for their assistance to me during 1954 and to Dr. W. J. Doyle, my Deputy, who has again been chiefly responsible for this report, also to all my staff who have co-operated so well in the running of the School Health Service. In addition I wish to extend my thanks to the Heads of Schools for their co-operation.

I am,

Your obedient servant,

L. MEREDITH DAVIES.

COUNTY MEDICAL DEPARTMENT,  
"IVYBANK,"  
45, ST. DAVID'S HILL,  
EXETER.

## STAFF

---

The following lists of Staff show those employed during the whole or any part of the Year 1954:—

### *Principal School Medical Officer.*

L. Meredith Davies, M.A., M.D., B.Ch. (Oxon), M.R.C.S., L.R.C.P., D.P.H. (Oxon).

### *Deputy School Medical Officer.*

W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., (Public Health), L.M.

### *Assistant County Medical Officers and Medical Officers of Health. (Mixed Appointments.)*

L. G. Anderson, M.D., Ch.B., D.P.H. (Exmouth U.D., Budleigh Salterton U.D. and St. Thomas R.D.)

H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H. (Newton Abbot U.D. & R.D., Dawlish U.D., Teignmouth U.D.C.)

D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H. (Brixham U.D., Dartmouth U.D. and Paignton U.D.)

### *Assistant County Medical Officers.*

Nora Emma Rose Archer, M.A., D.M., B.Ch., D.P.H.

Mary Eluned Budding, B.Sc., M.B., B.Ch., D.P.H.

Thomas Johannes Davidson, M.B., Ch.B., D.P.H., D.T.M.&H.

Dorothy M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Marjorie H. King, M.B., Ch.B., D.P.H.

Joyce Rewcastle Ludlow, M.B., B.S., F.R.C.S. (Relief Duty).

Margaret Sheila O'Riordan, B.A., M.B., B.Ch., B.A.O. (Resigned 31.12.54).

John Southmead Rogers, M.R.C.S., L.R.C.P.

Nora Proctor-Sims, M.R.C.S., L.R.C.P., M.R.C.O.G.

Louis Solomon, B.A. (Hon.), M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H.

Harold Russell Vernon, T.D., M.B., Ch.B.

Grace Hortense Walker, M.B., Ch.B., D.P.H.

*Ophthalmic Surgeons on the staff of the South Western Regional Hospital Board.*

Margaret Lempriere Foxwell, M.R.C.S., L.R.C.P., D.P.H., D.C.H.

William Gardner Hutton, M.A., M.R.C.S., L.R.C.P., D.O.M.S.

*County Ophthalmic Surgeons' Assistants.*

Dorothea M. Newman.

Edith Barth.

*Psychiatrist.*

H. S. Gaussen, M.R.C.S. (Eng.), L.R.C.P. (Lond.), (Part-time).

*Medical Adviser in Mental Health.*

Christine Joanna McLeay, M.B., Ch.B.

*Psychologist.*

Irene Herzberg, B.A. (Temporary from 1.9.54).

Elizabeth Yeo, M.A. (Oxon). (To 31.8.54).

*Psychiatric Social Worker in Child Guidance.*

Helen Jaspán, S.S.C. (Lond.) 1949; Cert. in Psychiatric Social Work (Edin.) 1949.

*Psychiatric Social Worker.*

P. J. Rose, Soc. Sc. Cert., M.H. Cert., Ordre de Merit Diploma of the International Union of Child Welfare.

*Psychiatric Social Worker in Child Guidance (Temporary).*

Frances Mary Dickinson, D.S.S., (Part-time, 26.4.54 to 28.8.54).

*Speech Therapists.*

Dorothy Elizabeth Brown, L.C.S.T. (Appointed 6.9.54).

Valerie Joy Campion, L.C.S.T.

Dawn Maureen Dickinson, L.C.S.T.

*Dental Staff.*

PRINCIPAL SCHOOL DENTAL OFFICER.

J. Fletcher, L.D.S.

COUNTY DENTAL OFFICERS.

G. Baker, L.D.S., R.C.S. (Eng.) (Appointed 4.10.54).

A. T. Dally, L.D.S.

G. J. Derbyshire, L.D.S.



J. L. Dickson, L.D.S.  
 T. L. Fiddick, L.D.S. (Temporary, part-time).  
 H. W. Gibbs, L.D.S., R.C.S. (Eng.).  
 H. J. Halestrap, L.D.S., R.C.S. (Eng.) (Appointed 21.6.54).  
 D. R. House, M.R.C.S., L.R.C.P., L.D.S. (Deceased 11.12.54).  
 K. W. Massey, L.D.S.  
 W. R. Matthews, L.D.S., R.C.S. (Eng.) (Temporary part-time).  
 (Ceased 16.6.54).  
 A. S. Peacock, L.D.S., D.D.O. (Also part-time Orthodontist).  
 W. H. Phillips, L.D.S.  
 J. Pollock, L.D.S., R.F.P.S. (G).  
 J. A. Pugh, L.D.S. (Temporary part-time).  
 Barbara J. Shapland (Miss), L.D.S.  
 Barbara M. Simpson, L.D.S., R.C.S. (Eng.) (Appointed 1.3.54).  
 J. E. B. Smith, L.D.S.  
 J. W. Steer, L.D.S.  
 J. K. Vowles, B.D.S.  
 F. M. Warren, B.D.S. (Bristol), L.D.S. (Bristol), L.D.S., R.C.S.  
 (Eng.).

#### *Dental Attendants.*

Miss P. M. Beale.  
 Miss S. E. Bearne.  
 Miss G. M. Davie.  
 Miss F. Featherstone.  
 Mrs. R. Gentry.  
 Miss C. B. Golding.  
 Miss J. P. S. Gowan (Resigned 31.10.54).  
 Miss F. R. Hickmott.  
 Miss E. Horrill.  
 Miss K. Hudson.  
 Miss A. Marchant (Part-time, resigned 2.10.54).  
 Miss S. Marshall Lee (Commenced 4.10.54).  
 Miss P. Moyse.  
 Mrs. B. E. Power (Resigned 21.12.54).  
 Miss D. Sabine.  
 Mrs. W. Sabine.  
 Mrs. D. Scrutton (Part-time).  
 Miss M. Sheldon.  
 Miss B. D. H. Sibun.  
 Miss M. E. M. Skinner.  
 Mrs. B. A. Todd (Commenced 1.11.54).  
 Mrs. W. F. Turnbull.

## *Health Visitors—School Nurses.*

### *Senior Medical Officer for Maternity and Child Welfare.*

Dr. Florence Gloria Richards, M.R.C.S., L.R.C.P., D. (Obst.), R.C.O.G. (Supervises the work of the Health Visitors—School Nurses. No part of the salary connected with this post is allocated to the School Health Services).

### *Health Visiting Staff.*

<i>Name</i>	<i>Qualifications</i>	<i>Area</i>
Miss A. Andrews	S.R.N., S.C.M., H.V.C.	Torquay
Miss F. M. Axford	S.R.N., S.C.M., H.V.C.	Buckfastleigh
Miss M. Aylmer (Appointed 3.8.54).	S.R.N., S.C.M., H.V.C.	Holsworthy E.
Miss H. J. Ballard	S.R.N., S.C.M., H.V.C.	Budleigh Salterton
Miss M. Cadogan (Appointed 5.8.54).	S.R.N., S.C.M., H.V.C.	Holsworthy W.
Miss K. M. Carr (Resigned 31.7.54).	S.R.N., S.C.M., H.V.C.	Braunton
Miss J. B. Clark (Resigned 30.4.54).	S.R.N., S.C.M., H.V.C. (Re-appointed 11.10.54)	Holsworthy Braunton
Miss M. A. S. Clarke	S.R.N., S.C.M., H.V.C.	Honiton
Miss J. L. Downey (Appointed 26.4.54).	S.R.N., S.C.M., H.V.C.	Torquay
Miss I. K. Edwards	S.R.N., S.C.M., H.V.C.	Barnstaple Rural
Miss H. Farley	S.R.N., S.C.M., H.V.C.	Fremington
Miss H. Faulkner (Resigned 31.7.54).	S.R.N., S.C.M., H.V.C.	Ottery St. Mary
Miss C. C. Forbes	S.R.N., S.C.M., H.V.C.	Paignton
Miss B. Gallacher (Resigned 23.4.54).	S.R.N., S.C.M., H.V.C.	Torquay
Miss M. C. E. Gibbons (Resigned 13.1.54).	S.R.N., S.C.M., H.V.C.	Hatherleigh
Miss L. Gilbert	S.R.N., S.C.M., H.V.C.	Brixham
Mrs. J. A. Godfrey	S.R.N., S.C.M., H.V.C.	Exmouth
Miss G. Greenwood	S.R.N., S.C.M., H.V.C.	Plympton (S.E.)
Miss E. M. Hall	S.R.N., S.C.M., H.V.C.	Ashburton
Miss E. Harmsworth (Appointed 26.4.54).	S.R.N., S.C.M., H.V.C.	Bideford
Miss M. Harris	S.R.N., S.C.M., H.V.C.	Crediton
Miss M. Harry	S.R.N., S.C.M., H.V.C.	Torrington
Miss E. M. Hartigan	S.R.N., S.C.M., H.V.C.	Dartmouth
Miss K. J. Hensel	S.R.N., S.C.M., H.V.C.	Broadclyst
Miss C. A. Holroyd (Appointed 1.11.54).	S.R.N., S.C.M., H.V.C.	Ottery St. Mary



Miss E. Honeywell	S.R.N., S.C.M., H.V.C.	Newton Abbot
Miss E. J. Jackson	S.R.N., S.C.M., H.V.C.	Tiverton R.
Miss M. A. Leathley	S.R.N., S.C.M., H.V.C.	Barnstaple
Miss G. Mason	S.R.N., S.C.M., H.V.C.	Plymstock
Miss R. Morris	S.R.N., S.C.M., H.V.C.	St. Thomas R.
Miss M. Mullally	S.R.N., S.C.M., H.V.C.	Holsworthy E.
(Appointed 14.1.54, Resigned 27.4.54).		
Miss I. W. Pester	S.R.N., S.C.M., H.V.C.	Cullompton
Miss D. Pulsford	S.R.N., S.C.M., H.V.C.	Bideford
(Resigned 23.3.54).		
Mrs. A. Ralls	S.R.N., S.C.M., H.V.C.	South Molton
Miss R. H. F. Read	S.R.N., S.C.M., H.V.C.	St. Thomas R.
		(E)
Miss J. W. Rennie	S.R.N., S.C.M., H.V.C.	Plympton
		(N.W.)
Mrs. E. M. Rogers	S.R.N., S.C.M.	Axminster
Miss E. Ryall	S.R.N., S.C.M., H.V.C.	Okehampton
Miss E. Sercombe	S.R.N., S.C.M., H.V.C.	Salcombe
Miss M. Simpson	S.R.N., S.C.M., H.V.C.	Teignmouth
Miss N. Smith	S.R.N., S.C.M., H.V.C.	Newton Abbot
Mrs. M. Sparks	S.R.N., S.C.M., H.V.C.	Tiverton
Miss M. E. Stone	S.R.N., S.C.M., H.V.C.	Tavistock
Miss B. Sullivan	S.R.N., S.C.M., H.V.C.	Ilfracombe
Miss M. M. Thain	S.R.N., S.C.M., H.V.C.	Preston
Mrs. S. E. Travis	S.R.N., S.C.M., H.V.C.	Kingsbridge
Miss J. M. Wallace	S.R.N., S.C.M., H.V.C.	Torquay
Miss M. Walters	S.R.N., S.C.M.	Chudleigh
Miss O. Walters	S.R.N., S.C.M., H.V.C.	Totnes
Mrs. E. Willis	S.R.N., S.C.M., H.V.C.	Torquay

### *School Nurse.*

Mrs. E. M. Clarke, S.R.N.

### *Nursing Assistants.*

On 31st December, 1954, there were 12 full-time and 2 part-time Nursing Assistants.

### *Clerical Staff.*

CHIEF CLERK—H. T. Baldwyn.

### *School Health Section.*

CLERK IN CHARGE OF SECTION—W. A. Down.

## GENERAL STATISTICS

Area of Administrative County—1,649,207 acres.

Population of Administrative County, Registrar General's Estimate  
Mid 1954—510,000.

Rateable Value of County—£3,711,866 (1.4.54).

Value of 1d. rate on area—£15,030 (Estimated 1.4.54).

				*				
				Primary	Secondary	Special	Total	Further
(a)	Number of Schools:							
	County	..	..	227	60	4	291	6
	Voluntary	..	..	176	2	—	178	—
				403	62	4	469	6
(b)	Number of pupils on registers 31.12.54			42,293	19,841	187	62,321	576
				(full-time)				
(c)	Number of permanent closures during year			2	—	—	2	—
(d)	Estimated average number of pupils on registers							
	—Primary, Secondary & Special.							
				62,000				

\* Inclusive of Modern, Grammar and Technical (Secondary Dept.).

† Technical etc., other than "Secondary Department" pupils.

## MEDICAL INSPECTION

### (a) General.

The total number of children medically examined at Periodic Inspections in Primary and Secondary Schools (including Special Schools, and a Secondary Department at one Technical College) was 21,510 against 22,516 in 1953, and the number examined as "Specials"† was 16,616 against 14,174. The number of "Re-inspections"† carried out during 1954 was 36,385 against 33,876 in 1953 (see Table on page 9).

### (b) Children found at Periodic Examinations to require treatment.

The number of children found under this heading (excluding those suffering from dental disease, dirty or verminous conditions) is shown in Table 1 (C.)

The percentage for Primary school children was 8.23 as against 8.2 for 1953. For Secondary schools the figure was 9.74 (7.73 in 1953).

**Table 1 (a and b)**

**Medical Inspection of Pupils attending Maintained Primary and Secondary \*Schools (Including Special Schools)**

(A). PERIODIC MEDICAL INSPECTIONS.

*Number of Inspections in the prescribed Groups.*

Entrants .. .. .	<i>Total</i>
Second Age Group .. .. .	7,003
Third Age Group .. .. .	5,232
	3,838
	<hr/>
	TOTAL ..
Number of other Periodic Inspections ..	16,073
	5,437
	<hr/>
	GRAND TOTAL
	21,510
	<hr/>

(B). †OTHER INSPECTIONS.

Number of Special Inspections .. .. .	16,616
Number of Re-Inspections .. .. .	36,385
	<hr/>
	TOTAL ..
	53,001
	<hr/>

\* Including those of the Secondary Department at one Technical College.

† These figures include examinations at School Clinics as well as those carried out at schools.

**SCHOOL NURSES' VISITS AND EXAMINATIONS**

Number of visits to schools for any purpose during the year ..	7,439
Number of visits to homes of school children for any purpose during the year .. .. .	5,561

**PUPILS FOUND TO REQUIRE TREATMENT**

Number of individual children found at Periodic Medical Inspections to require Treatment for any condition except Dental, Dirty Conditions, or Verminousness:—

**Table 1 (c).**

<i>Group</i>	<i>For defective vision (excluding Squint and other conditions of the Eyes).</i>	<i>For any of the other conditions recorded in Table IIA.</i>	<i>Total individual pupils.</i>
Entrants .. .. .	79	537	599
Second Age Group .. .. .	153	278	411
Third Age group .. .. .	166	196	344
	<hr/>	<hr/>	<hr/>
Total (prescribed groups) .. .. .	398	1,011	1,354
	<hr/>	<hr/>	<hr/>
Other periodic inspections .. .. .	262	319	553
	<hr/>	<hr/>	<hr/>
Grand Total .. .. .	660	1,330	1,907
	<hr/>	<hr/>	<hr/>

**FURTHER EDUCATION.**

In addition to the children medically examined at Primary and Secondary Schools, 217 pupils were examined at Periodical Medical Inspections at \*Science, Art and Technical Schools, and 35 were found to require treatment (other than Dental or Verminous conditions). Ten pupils were re-examined. No special examinations took place.

Ninety-two student teachers training at Rolle College, Exmouth, were also examined.

\* These figures exclude those relating to pupils attending the Secondary Department at one of the Technical Colleges in the County.

TABLE II. (A). PERIODIC MEDICAL EXAMINATIONS.  
DEFECTS REQUIRING TREATMENT.

DEFECTS AND DISEASES.	Primary *(12,540)	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type) (8,970)	Incidence per 1,000 Children Examined	TOTAL (21,510)	Incidence per 1,000 Children Examined
SKIN—						
EYES—						
(a) Vision	67	5.34	95	10.59	162	7.53
(b) Squint	240	19.13	420	46.82	660	30.68
(c) Other	124	9.88	26	2.89	150	6.97
EARS—						
(a) Hearing	56	4.46	55	6.13	111	5.16
(b) Otitis Media	19	1.51	24	2.67	43	1.99
(c) Other	20	1.59	16	1.78	36	1.67
NOSE AND THROAT—						
(a) Other	3	0.23	11	1.22	14	0.65
SPEECH—						
(a) Throat	254	20.25	60	6.68	314	14.59
CERVICAL GLANDS—						
(a) Other	55	4.38	15	1.67	70	3.25
HEART AND CIRCULATION—						
(a) Other	18	1.43	3	0.33	21	0.97
LUNGS—						
(a) Other	13	1.03	11	1.22	24	1.11
DEVELOPMENTAL—						
(a) Hernia	43	3.42	25	2.78	68	3.16
(b) Other	14	1.11	3	0.33	17	0.79
ORTHOPAEDIC—						
(a) Posture	15	1.19	11	1.22	26	1.20
(b) Flat Foot	16	1.27	19	2.11	35	1.62
(c) Other	44	3.50	18	2.00	62	2.88
NERVOUS SYSTEM—						
(a) Epilepsy	110	8.77	80	8.91	190	8.83
(b) Other	4	0.31	7	0.78	11	0.51
PSYCHOLOGICAL—						
(a) Development	5	0.39	7	0.78	12	0.55
(b) Stability	14	1.11	13	1.44	27	1.25
OTHER—Including Malnutrition	9	0.71	8	0.89	17	0.79
	176	14.03	155	17.27	331	15.38

\*The figures in parenthesis denote the number of children examined.

TABLE II. (A).—Continued. PERIODIC MEDICAL EXAMINATIONS.  
DEFECTS REQUIRING TO BE KEPT UNDER SUPERVISION BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT.

DEFECTS AND DISEASES.		Primary *(12,540)	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type) (8,970)	Incidence per 1,000 Children Examined	TOTAL (21,510)	Incidence per 1,000 Children Examined
SKIN—	..	362	28.86	246	27.42	608	28.26
EYES—	..	62	4.94	37	4.12	99	4.60
(a) Vision	..	67	5.34	5	0.55	72	3.34
(b) Squint	..	104	8.29	80	8.91	184	8.55
(c) Other	..	121	9.64	33	3.67	154	7.15
EARS—	..	155	12.36	50	5.57	205	9.53
(a) Hearing	..	96	7.65	34	3.79	130	6.04
(b) Otitis Media	..	1412	112.59	345	38.46	1,757	81.68
(c) Other	..	120	9.56	16	1.78	136	6.32
NOSE AND THROAT—	..	751	59.88	85	9.47	836	38.86
SPEECH—	..	216	17.22	179	19.95	395	18.36
CERVICAL GLANDS—	..	407	32.45	150	16.72	557	25.89
HEART AND CIRCULATION—	..	48	3.82	6	0.66	54	2.51
LUNGS—	..	207	16.50	48	5.35	255	11.85
DEVELOPMENTAL—	..	436	34.76	488	54.40	924	42.95
(a) Hernia	..	459	35.80	287	31.99	746	34.68
(b) Other	..	654	52.15	326	36.34	980	45.56
ORTHOPAEDIC—	..	9	0.71	4	0.44	13	0.60
(a) Posture	..	61	4.86	22	2.45	83	3.85
(b) Flat Foot	..	117	9.33	45	5.01	162	7.53
(c) Other	..	146	11.64	31	3.45	177	8.22
NERVOUS SYSTEM—	..	788	62.04	525	58.52	1,313	61.04
(a) Epilepsy	..						
(b) Other	..						
PSYCHOLOGICAL—	..						
(a) Development	..						
(b) Stability	..						
OTHER—Including Malnutrition	..						

\*The figures in parenthesis denote the number of children examined.



TABLE II. (A).—Continued.

SPECIAL EXAMINATIONS

It must be borne in mind that most of these Special Examinations are made at School Clinics, where every first attendance in the year should be counted as a Special, and it is therefore possible that a child may be counted under the heading "Specials" more than once in a year for a particular defect.

DEFECTS REQUIRING MEDICAL TREATMENT

DEFECTS AND DISEASES.	School Inspections		Clinics etc.	Grand Total.
	Primary	Secondary (M.S. and Gram. Type).		
SKIN— .. .. .	9	2	2,695	2,706
EYES— (a) Vision .. .. .	14	11	1,667	1,705
(b) Squint .. .. .	6	2		
(c) Other.. .. .	5	—		
EARS— (a) Hearing .. .. .	8	3	706	724
(b) Otitis Media .. .. .	3	4		
(c) Other.. .. .	—	—		
NOSE AND THROAT .. .. .	28	3	329	360
SPEECH— .. .. .	20	2	—	22
CERVICAL GLANDS— .. .. .	2	—	—	2
HEART AND CIRCULATION— .. .. .	1	7	—	8
LUNGS— .. .. .	9	8	2	19
DEVELOPMENTAL— .. .. .	—	—	—	—
(a) Hernia .. .. .	—	—	—	—
(b) Other.. .. .	—	1	—	1
ORTHOPAEDIC— .. .. .	6	8	721	761
(a) Posture .. .. .	2	2		
(b) Flat Foot .. .. .	11	11		
(c) Other.. .. .	—	—	—	—
NERVOUS SYSTEM— .. .. .	1	1	—	6
(a) Epilepsy .. .. .	3	1		
(b) Other.. .. .	—	—	—	—
PSYCHOLOGICAL— .. .. .	12	1	—	13
(a) Development .. .. .	3	4	—	7
(b) Stability .. .. .	—	—	—	—
OTHER DEFECTS OR DISEASE— .. .. .	9	10	8,604	8,623
(including Malnutrition)				



TABLE II. (A).—Continued

SPECIAL EXAMINATIONS

DEFECTS REQUIRING TO BE KEPT UNDER SUPER-  
VISION, BUT NOT REQUIRING SPECIFIC MEDICAL  
TREATMENT.

DEFECTS AND DISEASES.	School Inspections		Clinics Etc.	Grand Total.
	Primary	Secondary (M.S. and Gram. Type).		
SKIN— .. ..	20	3	24	47
EYES— (a) Vision .. ..	5	1	} 118	} 136
(b) Squint .. ..	—	—		
(c) Other.. ..	11	1		
EARS— (a) Hearing .. ..	15	8	} 14	} 49
(b) Otitis Media .. ..	7	1		
(c) Other.. ..	4	—		
NOSE AND THROAT— .. ..	44	9	16	69
SPEECH— .. ..	15	2	—	17
CERVICAL GLANDS— .. ..	18	3	—	21
HEART AND CIRCULATION— .. ..	13	10	—	23
LUNGS— .. ..	33	8	—	41
DEVELOPMENTAL—				
(a) Hernia .. ..	2	—	—	2
(b) Other.. ..	4	4	—	8
ORTHOPAEDIC—				
(a) Posture .. ..	3	6	} 43	} 86
(b) Flat Foot .. ..	5	2		
(c) Other.. ..	20	7		
NERVOUS SYSTEM—				
(a) Epilepsy .. ..	1	—	—	1
(b) Other.. ..	8	1	—	9
PSYCHOLOGICAL—				
(a) Development .. ..	12	1	—	13
(b) Stability .. ..	10	1	—	11
OTHER DEFECTS OR DISEASE (including Malnutrition) ..	42	17	298	357

TABLE II. B.

Classification of the GENERAL CONDITION of Pupils inspected at the Periodic (Age Group) Inspections during the year.

AGE GROUP.	No. In- spected.	A. (GOOD).		B. (FAIR).		(C. (POOR).	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
<i>Prescribed Groups—</i>							
Entrants (Primary) .. ..	7,003	2,660	38.0	4,221	60.3	122	1.74
Second Age Group (Primary Leavers) ..	5,232	2,401	45.9	2,765	52.84	66	1.3
Third Age Group (Secondary Leavers) ..	3,838	1,974	51.43	1,840	47.94	24	0.62
<i>Other Periodic Inspections—</i> .. ..	5,437	2,531	46.6	2,844	52.30	62	1.14
GRAND TOTAL ..	21,510	9,566	44.5	11,670	54.3	274	1.3

The continued fall in the percentage of children who are classified as having poor general condition is most heartening. It is of interest to note that this percentage has declined from one of 4.7 in 1948 to that of 1.3 in 1954, and it is noteworthy that the percentage of good nutrition has risen from one of 28.1 to that of 45.5.

## PROVISION OF MEALS AND SUPPLY OF MILK IN SCHOOLS

The Chief Education Officer has again kindly supplied the following notes and tables which have been compiled by Miss M. Stockman, Senior School Meals Organiser:—

The Education Committee are carrying out the policy of the Ministry of Education by providing self-contained canteens in place of large central kitchens wherever this is a practical proposition. During the year under review, 21 new canteens were opened in the charge of Cook/Supervisors who were trained at the Innerbrook (Torquay) Centre. A feature of this period of training is the instructive lecture which is always given by one of the Assistant County Medical Officers. The Course itself has attracted considerable attention both from H.M. Inspectors and from other Local Education Authorities, some of which have asked for curriculum details to enable them to formulate a similar scheme. Two central canteens have been closed: one at Barnstaple, the other at Culmstock. Plans are in hand for closing other large canteens and the individual schemes will be accelerated by the removal, recently notified, of restrictions on building programmes.

In September a one-day Course for Cook/Supervisors—the first of its kind for six years—was held at the Priory School, Exeter. The programme included stimulating talks by a Director of Education and two Senior School Meals Organisers from other counties. Demonstration dishes were displayed so that Cook/Supervisors might be given ideas on the preparation of more attractive and less monotonous meals. A glance at recent menu sheets gives ample proof of tangible results.

A recurring problem has been the running of canteens when the Cook/Supervisor is absent for sickness or personal reasons. Three “supply” Cook/Supervisors have been appointed each operating from a base in different parts of the County.

The following comparative statement shows the position with regard to milk and meals at the end of December 1954 compared with the previous year:—

				<i>December, December,</i>	
				1953	1954
Total number of Schools	..	..	..	463	468
Number on Books	..	..	..	60,477	62,196
Number present	..	..	..	56,481	58,459
Number present who took meals..	..	..	..	34,675	35,950
Percentage present who took meals	..	..	..	61.39%	61.5%
Number present who took milk	..	..	..	44,552	45,909
Percentage present who took milk	..	..	..	78.87%	78.53%

## MILK IN SCHOOLS SCHEME.

From the beginning of October, Local Education Authorities became responsible for the payment of milk in place of the Ministry of Food. An advantage of this new system is that a close watch is being kept on surplus milk deliveries. Strenuous efforts are being made to supply all schools with graded milk in bottles but there is still a handful of schools for which a supplier cannot be found.

The following statement gives a comparison for two years:—

<i>Grade of Milk</i>	<i>December, 1953 No. of Schools</i>	<i>December, 1954 No. of Schools</i>
Pasteurised .. .. .	275	317
T.T. .. .. .	162	139
Other Raw .. .. .	25	4
National Dried Milk .. .. .	1	7

Mr. R. R. Willing, Divisional Veterinary Officer, Ministry of Agriculture and Fisheries, informs me that during the year ending 31st December, 1954, seventeen inspections of non-designated herds which supply milk to schools were carried out and a total of 217 animals were inspected.

## HAIR HYGIENE

	Primary, Secondary and Special Schools.		
	<i>Routine</i>	<i>Casual</i>	<i>Routine and Casual.</i>
1. Total number of examinations of pupils in Schools, Homes or Clinics, by the School Nurses or Nursing Assistants .. .. .	171,959	6,851	178,810
2. Total number of individual pupils examined .. .. .	57,842	5,662	63,504
3. Total number of individual pupils found infested .. .. .	721	171	892
4. Infestation Index .. .. .	1.2	.3	1.44
5. (a) Number of individual pupils in respect of whom cleansing notices (V.1.) were issued (Sec. 54 (2) Education Act, 1944) .. .. .	202	46	248
(b) Number of individual pupils in respect of whom cleansing orders (V.2.) were issued (Sec. 54 (3), Education Act, 1944) .. .. .	18	6	24

- (a) Number of cases in which legal proceedings were taken:—
- (i) Under Section 54 (6) of the Education Act, 1944 .. .. . 1
  - (ii) Under Section 54 (7) of the Education Act, 1944 .. .. . Nil
- (b) Number of successful Prosecutions under Section 54 (6) of the Education Act, 1944 .. .. . 1
- (c) Number of successful Prosecutions under Section 54 (7) of the Education Act, 1944 .. .. . Nil

In this County our rule is for the School Nurses or Nursing Assistants to hold a routine Hair Hygiene Survey in all our schools each term (and this includes the "under 18" pupils at our Further Education establishments.) In addition "Casual Examinations" are made of any pupils who may, for one reason or another, have been missed at the routine Surveys.

Where a child has been found verminous and where parents are unable to cleanse such child at home, the nurse usually manages to do so at the clinic or school (if no clinic available) provided the parents agree.

If parents do not cleanse their children after receipt of a notice informing them of infestation, cleansing orders are issued and after a stated period (usually 48 hours) the children are compulsorily cleansed by the nurse at the clinic or school.

Persistent infestation sometimes leads to prosecution but this is not often resorted to.

### PHYSICAL EDUCATION

For the submission of the following report on the Physical Education of girls and boys during 1954 I have to thank the Organisers, Miss M. Chetham and Mr. A. A. Brown:—

We feel that at the beginning of this report we must record the resignation, during the year, of Miss Kathleen Hacker as Senior Woman Oraniser of Physical Education. During the 25 years she held this position in Devon she did sterling service and the healthy state of Physical Education in the County owes much to her drive and perseverance. She is held in high esteem by all and we wish her all happiness in her retirement.

Miss U. M. J. Trott, who was a part-time Organiser and dealt with the Exeter Schools, has been appointed as a full-time Organiser, but at the moment we are four women and one man short of establishment. We find it impossible to cover fully all schools. In a well-conducted scheme the Organisers should have the time to visit teachers regularly; to conduct teachers' courses; to assist with the work in the gymnasium or on the games field; to help with swimming and folk-dancing; to advise and stimulate keenness in remedial work. The task is too big for us to do this work properly with our depleted staff.

We have continued our visits to as many schools as possible, assisting with the work seen, discussing school problems as met in Physical Education—timetable arrangements, clothing, shower baths, facilities for games and upkeep of fields, inspection of gymnasium equipment, giving advice on the purchase of equipment, and helping in the many other ways connected with our work.



Generally we feel that a reasonable share of the school timetable is devoted to Physical Education. Most secondary schools have two periods of work in the gymnasium and a double period for games each week. Primary schools mostly try to do some form of physical exercise each day, be it physical training in the playground, or games, swimming or dancing. Very rarely indeed can Physical Education be counted as a problem subject in a school, and though the standard of work throughout the County can be improved greatly, we find in schools where teachers are very keen or gifted in the teaching of movement an extremely good standard of work is achieved.

Many teachers in primary schools need help in using correctly the Ministry of Education Physical Education book "Planning the Programme." We find the best way to help most of them is through courses. In areas where we hold courses we see improvement in the quality of the work done in schools, and usually greater keenness in the subject.

There is no issue of rubber shoes to children in secondary schools; a small supply is given to primary schools for necessitous cases.

#### PRIMARY.

It takes over two years to hold refresher courses for all teachers. Each Organiser can usually take three courses for teachers during the year, and then endeavours to visit and assist, before the end of the term, each teacher who attends a course. The course loses much of its value without thorough follow-up work on the part of the Organiser.

We are endeavouring to make the work more interesting by introducing bigger pieces of apparatus into schools where the work is good—trestles and planks, climbing ropes, horizontal ropes and pieces of steel apparatus.

All schools receive an allowance sufficient to buy replacements of small pieces of apparatus. In places well stocked with apparatus originally, little difficulty is experienced in maintaining the supply.

Changing into suitable clothing for physical training varies greatly from school to school. So much depends on the enthusiasm of the teacher and his or her attitude to physical training.

Indoor Physical Education in the primary schools is still something of a problem. Many schools make good use of their disused classrooms or other indoor accommodation during wet weather; but the majority of schools find any form of indoor work impossible owing to space shortage. In the newer schools where the assembly hall can be used, and in consequence there is no break in the Physical Education lessons throughout the year, a higher standard of work is seen. It would be most beneficial if more of the smaller schools could make use of village halls wherever it is possible to hire them.

#### SECONDARY.

There is still a marked shortage of suitably qualified women teachers. Though the situation in Devon is not so bad as last year,



it continues to cause concern. Men teachers of Physical Education are plentiful and four vacancies which arose during the year were filled with teachers holding Diplomas in Physical Education.

At the time of this report, 26 of the men teachers of Physical Education hold Diplomas in Physical Education. This number has increased considerably during the last few years and the general standard of work is satisfactory.

Physical Education for girls in the secondary schools is undergoing changes. Many teachers do not understand this state of flux and careful guidance is necessary where a complete change of method is introduced. Courses for teachers are not easy to arrange owing to travelling distances and much individual help has to be given. One course has been taken in Exeter during this year, and the Devon Physical Education Association has arranged programmes with a view to helping the women teachers.

The Uffculme County Secondary School, opened towards the end of the year, has a good gymnasium. Developments are needed in some of our gymnasia, e.g., improvements of shower baths and changing room conditions. More frequent full inspections of gymnastic apparatus would be a great advantage and would possibly prolong the life of many items.

There are still "All-Age" and Secondary Schools without gymnasia. The work in these cases suffers, and the interest of the girls and teachers is bound to flag.

#### GAMES AND ATHLETICS.

We were not able to organise any courses for teachers in games or athletics. Our help was given to individual schools, and at our request sessions on the teaching of some field events were included in the programme of courses organised by the Devon Physical Education Association.

The Devon Schools Athletic Association held its annual competition this year in Exmouth. The local teachers there made a great success of the meeting and fully justified the confidence placed in them. The performance of these athletes continues to improve and their sportsmanship and good sense of behaviour is high. We would wish to draw attention to the fact that the only cinder running track in Devon is in Plymouth.

Thirty-four competitors from Devon took part in the 24th All England Inter-County Championships in Northumberland. The boys and girls from Devon had to pay most of their own expenses.

The standard of performance in cricket shows a welcome improvement. A Devon Schools XI (under 15's) repeated its performance of last year in beating Somerset. Two boys from Devon—one from a grammar school and the other from an all-age school—played for the South against the North of England in Liverpool.

In addition to inter-county games in the major sports, there is a healthy series of inter-school matches in all of them. The vigour, skill and interest shown in these school games denotes the value of games as a part of general education.

For girls the games training in general does not present so many problems as the work in the gymnasium, as most teachers are more sure of themselves teaching this subject. Inter-school matches are played in hockey, tennis and netball and great enthusiasm is shown. In netball especially, which is the game played by every girls' school in the County, there have been marked developments recently and a great improvement in the standard of play. Area tournaments are to be organised next year. The winning teams from each area will meet in Exeter and a Junior Team will be chosen to represent the County.

We would wish to see better playing field facilities in some of the schools. Some have no field at all and can only play netball as a major game. They cannot take part in athletic contests.

Tennis is, at present, a game mainly played in the grammar schools. It is hoped that in the future more secondary modern schools will have facilities to play this game.

#### SWIMMING.

Practically all the swimming tuition given in Devon is in open air baths or in the sea. Because of the unusually cold weather during the summer, much swimming time was lost and we feel that the progress achieved was not as great as usual. There is no doubt of the value derived from this most useful form of exercise and the return of the grant for swimming was welcomed by all.

We have discussed with many teachers the substitution of a national swimming test in place of the Star Proficiency Certificate which is awarded for success in our most advanced test. We hoped to bridge the gap between the awards a swimmer can take while still at school and those possible in post-school years. Generally the idea has not been received favourably and modifications seem to be necessary.

Nearly 70 schools gave swimming instructions and the following certificates were awarded:—

Beginners	..	..	..	962
Proficiency	..	..	..	480
Star Proficiency	..	..	..	115

#### FURTHER TRAINING OF TEACHERS.

During the year courses for teachers were held in the following Centres:—

<i>Centre</i>	<i>Subject</i>	<i>No. of Sessions</i>	<i>Average Attendance</i>
Plymstock	P.E. in Primary Schools	.. 4	64
Kingsbridge	do.	.. 4	46
Tavistock	do.	.. 4	53
Holsworthy	do.	.. 4	49
Exmouth	do.	.. 4	53
Bideford	do.	.. 4	65
Exeter	P.E. in Secondary Schools, Girls	5	12
Barnstaple	do. Boys	3	12
Torquay	do. Boys	4	8
Honiton	Folk Dancing in Secondary Schools	5	30
Kingsbridge	do.	.. 5	24

Three One-Day Courses arranged by the Devon Physical Education Association with the help of the Education Committee were held in Exeter, Barnstaple and Newton Abbot. These refresher courses are most useful, especially during this time of shortage of organisers. Full day programmes are planned to suit the needs of every teacher. To give a broader picture outside lecturers and demonstrators are invited to take sessions. These One-Day Courses are always well attended by members of the Association from all parts of the County, and have proved extremely beneficial and have helped to foster a greater interest in physical education.

#### FURTHER EDUCATION.

About 50 classes in Physical Education, under Evening Institute Regulations, were organised, some of which the Physical Education Organisers were able to visit. The recent trend continues and many classes had to be closed through lack of support. It is regretted that more people are unwilling to avail themselves of the excellent facilities made available to them. We would wish to see more of the young people joining these clubs immediately on leaving school, and ask teachers to make strenuous efforts to hold the interest of former pupils in physical education, whether it be through games or gymnastics.

#### FILMS.

The County Films, though now showing signs of wear and tear, have been of great value to us, and to many teachers. They are used often in schools and on courses or at Parent/Teacher meetings. We feel that the time has arrived for the making of a film for secondary schools which will follow on the present primary school films.

#### REMEDIALS.

Here we would wish to be of further help to teachers. We have joined with the staff of the Medical Officer in producing a series of exercises with diagrams which should make the performance of remedial exercises a simpler matter. Copies of these exercises are available to schools, and we can see them deriving much benefit from them.

Most children do physical training in plimsolls and many teachers include in their lessons specific exercises which help in the elimination of postural defects. Remedial classes are taken in some secondary schools and are of great value.

#### POST SCHOOL RECREATIONAL ACTIVITIES.

We wish to thank the Central Council of Physical Recreation for the ready help they gave us at all times, and to other organisations which have assisted us with cricket and football.



## HANDICAPPED PUPILS.

The following Tables show the position regarding Handicapped Children in the Area :—

### Handicapped Pupils requiring Education at Special Schools, (other than Hospital Schools) or Boarding in Boarding Homes

	(1) <i>Blind</i> (2) <i>Partially Sighted</i>		(3) <i>Deaf</i> (4) <i>Partially Deaf</i>		(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>		(7) <i>Educationally sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	Total (1-9)
In the calendar year ending 31st Dec., 1954:—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes ..	5	4	3	3	16	9	40	18	—	98
B. Handicapped Pupils newly ascertained as requiring education at Special Schools, or boarding in Homes ..	3	3	—	1	17	8	90	20	—	142

Number of children reported during the year:—

(a) Under Section 57 (3) (excluding any returned under (b) )	35
(b) Under Section 57 (3) relying on Section 57 (4)	2
(c) Under Section 57 (5)	
of the Education Act, 1944 .. .. .	64

	(1) <i>Blind</i> (2) <i>Partially Sighted</i>		(3) <i>Deaf</i> (4) <i>Partially Deaf</i>		(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>		(7) <i>Educationally sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	Total (1-9)
On or about December 1st, 1954:—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
C. Number of Handicapped pupils from the area:										
(i) attending Special Schools as:										
(a) Day Pupils	—	2	4	5	42	12	4	—	—	69
(b) Boarding Pupils ..	21	17	21	8	7	20	108	1	1	204
(ii) Attending independent schools under arrangements made by the Authority ..	—	—	—	—	2	—	3	9	—	14
(iii) Boarded in Homes and not already included in (i) or (ii)	—	—	—	—	2	—	—	32	—	34
Total (C) ..	21	19	25	13	53	32	115	42	1	321
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(i) in hospitals ..	—	—	—	—	—	—	—	—	—	—
(ii) in other groups ..	—	—	—	—	—	—	—	—	—	—
e.g. units for spastics										
(iii) at home ..	—	—	2	3	20	15	2	—	2	44
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School) ..										
(i) Day ..	—	—	—	—	—	—	—	—	—	—
(ii) Boarding ..	1	4	1	2	4	7	319	—	—	338

## MENTAL HEALTH SERVICES

### Report of the Medical Adviser in Mental Health

#### THE CHILD GUIDANCE SERVICE.

Dr. McLeay reports:—

This service continues to expand and more cases are being referred from all sources. With the staff available, however, it is not possible to treat adequately all the cases which are referred or to devote sufficient time to the parents. As Dr. Gaussen is employed less than three sessions per week, which of course is quite inadequate, most of the treatment has to be carried out by the Psychologists, and the Psychiatric Social Workers do most of the work with the parents. The Psychiatric Social Workers also have to devote a considerable amount of their time to the parents of children who are resident in the Hostels for Maladjusted Children.

If we had the services of another Psychiatric Social Worker more intensive work could be done to modify the environment into which the children will have to return, and undoubtedly would, in many cases, reduce the length of stay of the children in the hostels. It is recognised that the parents attitude is very often the cause of the child's maladjustment, and unless this can be altered the child will relapse on returning to the home.

Devon children living in the vicinity of Plymouth continue to be dealt with by the Plymouth Local Authority Child Guidance Clinic, under a financial arrangement with the Devon County Council, and we are grateful to them for their ready co-operation and promptness in dealing with our cases.

The Hostels for Maladjusted Children continue to be run at Crichel, Totnes, for Senior Boys, and at The Gables, Willand, for Junior Boys and Girls, and as reported last year, they continue to fulfill a special need.

There are three Child Guidance Clinics run by the Devon County Council:—

113, Boutport Street, Barnstaple	First & Third Wednes- days in Month 10 a.m. to 4.30 p.m. (by appoint- ment)	(Barnstaple 2117)
School Clinic, Castle Road, Torquay	Mondays & Thursdays 10 a.m. to 4.30 p.m. (by appointment)	(Torquay 4152)
Alice Vlieland Clinic, Bull Meadow Road, Exeter	Mondays 9.45 a.m. to 4 p.m. Fridays 9.45 a.m. to 4.30 p.m. (by appointment)	(Exeter 54685)

At the three Clinics 166 new cases have been examined. Attendances for re-examination and treatment have amounted to 948. The number of new cases seen at the Plymouth Child Guidance Clinic was 26 and there was a total of 114 for re-examination and treatment.

Attendances at Child Guidance Clinics during the year:—

			<i>New Cases seen.</i>	<i>Old Cases seen.</i>	<i>Attendances for re-examination and Treatment.</i>
Barnstaple	..	..	31	21	10
Exeter	..	..	57	75	475
Torquay	..	..	78	111	463
*Plymouth	..	..	26	7	114
TOTALS	..		192	214	1062

\* By arrangement with Plymouth City Local Health Department.

#### HOSTELS FOR MALADJUSTED CHILDREN.

On the 31st December, 1954, there were 28 cases under care and treatment in the Hostels for Maladjusted Children:—

Crichel Hostel, Totnes	..	..	10
The Gables Hostel, Willand	..		18
Number of cases examined in the Ashburton Remand Home	..		3

#### HANDICAPPED PUPILS AND SCHOOL HEALTH SERVICE REGULATIONS, 1945.

During the year, the following ascertainment examinations and recommendations have been sent to the Chief Education Officer, on Forms S.H.97 MH:—

Educationally Subnormal	..		115
Maladjusted	..	..	20

Number of cases recommended to the Education Committee for Report to the Local Authority:—

Under Section 57 (3) of the Education Act, 1944	..	..	35
„ 57 (4) „ „	..	..	nil
„ 57 (5) „ „	..	..	63



Cases actually reported by the Education Committee to the Local Authority:—

Under Section 57 (3) of the Education Act, 1944	..	..	31
„ 57(4) „ „	..	..	nil
„ 57 (5) „ „	..	..	55
Cancellations under the Education (Miscellaneous Provisions) Act, 1948	..	..	1

The total number of children ascertained as Educationally Subnormal are shown as follows:—

Res. Spec. School.	Day Spec. School.	S.E.T. in Ordy. School.	Ordy. Class without S.E.T.	Home Tuition	Total Number	Total No. in Category on 31.12.54.
91	6	15	1	2	115	583

#### RESIDENTIAL SPECIAL SCHOOLS.

On the 31st December, 1954, the number of pupils in Residential Special Schools was 127.

Bradfield Special School, Cullompton	..	74
Maristow House, Roborough	..	26
Withycombe House, Exmouth	..	10
Other Special Schools	..	17

#### JUVENILE DELINQUENCY.

19 cases were examined and tested at the request of Magistrates Court and some 4 other cases were dealt with at the request of the Probation Officers.

#### OPEN AIR SCHOOL, TORQUAY.

This school continues to meet a need in the education of handicapped pupils, many of whom would otherwise have to have Home Tuition. It is hoped that the new school building now nearing completion will be ready for occupation within a few months. Appreciation must be expressed to the Head Teacher and Staff for all the excellent work they have done over many years under such difficult conditions in the old buildings.

#### OPEN AIR SCHOOL STATISTICS.

Table A.

	Boys.	Girls.	Total.
Number remaining on Register at end of 1953	29	26	55
Number admitted in 1954	6	12	18
Number discharged in 1954	8	14	22
Number remaining on Register at end of 1954	27	24	51

Table B.

Period on Register	Pupils remaining.			Pupils discharged.		
	Boys	Girls	Total	Boys	Girls	Total
Less than 6 months	4	6	10	1	—	1
6 months—1 year	2	5	7	2	2	4
1—2 years ..	10	6	16	1	7	8
2—3 „ ..	2	6	8	1	—	1
3—4 „ ..	3	—	3	1	—	1
4—5 „ ..	3	1	4	1	1	2
5—6 „ ..	2	—	2	—	1	1
6—7 „ ..	—	—	—	1	—	1
7—8 „ ..	—	—	—	—	—	—
8—9 „ ..	1	—	1	—	2	2
9—10 „ ..	—	—	—	—	1	1
Totals ..	27	24	51	8	14	22

Table C and D.

Principal Disease or Defect	Pupils Remaining			Pupils Discharged.		
	B.	G.	Total.	B.	G.	Total.
Delicate .. ..	12	11	23	4	9	13
Asthma .. ..	6	1	7	1	—	1
Bronchiectasis, Etc. .. ..	—	1	1	1	—	1
Congenital Heart Disease .. ..	4	1	5	—	2	2
Rheumatic Heart Disease .. ..	—	3	3	—	—	—
Spastic .. ..	4	1	5	—	1	1
Poliomyelitis .. ..	—	1	1	—	1	1
T.B. Bone (Spine) .. ..	—	1	1	1	—	1
Other diseases of bone .. ..	1	2	23	—	—	—
Chorea .. ..	—	—	—	—	1	1
Eczema .. ..	—	—	—	1	—	1
Chronic Pyelitis .. ..	—	1	1	—	—	—
Hard of Hearing .. ..	—	1	1	—	—	—
Total ..	27	24	51	8	14	22

## EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of Cases dealt with by the Ophthalmic Surgeons on the staff of the South Western Regional Hospital Board—Primary, Secondary and Special Schools.

External and other, excluding errors of refraction and squint ..	205
Errors of Refraction (including Squint) .. ..	10,423
Total ..	10,628

Number of Pupils for whom spectacles were

(a) Prescribed .. ..	2,270
(b) Obtained .. ..	2,270

In addition to the above 1,411 Minor Eye Defects were treated by A.C.M.O's. or School Nurses, and 310 by Private Doctors or Parents.

## SCHOOL OPHTHALMIC REPORT FOR 1954.

**Dr. M. L. Foxwell.** 1954 has brought a rapid and widespread increase in television in the South West, and with it another cause of eye-strain has been added to the list the School Ophthalmic Surgeon must investigate, though be it hastily added, the symptoms are frequently induced by neglect of simple common-sense principles.

It is not uncommon nowadays to see a child with hyperaemia of the lids, slightly suffused conjunctivae, complaining of tired eyes and headaches, and on questioning to elicit the information that "I watch television every night." The symptoms are, of course, due to tired eyes and tired body, and it cannot be too strongly emphasised that children's viewing should be confined to children's programmes, for the evening programmes are presented when children should be resting their eyes, as well as their bodies, in bed.

It is, of course, essential that any error of refraction should be ascertained and corrected with glasses, which must always be worn when "viewing."

Other simple rules to be observed are:—

To sit not less than 6ft. away from the screen, which should be at approximately eye level, or a little above, as nearly as possible directly in front, particularly where front lenses are used, for these produce marked distortion of the picture at only small angles away from the centre.

When the room is small and a number of people present, it is not uncommon to find the children planted on the floor in the front, much too near the instrument, with their heads tilted backwards, producing strain and discomfort, but they are usually too interested to complain, certainly at the time!

A low light should be kept on, placed behind, or to the side of the viewers, to reduce the glare produced by marked contrast, which is so tiring to the eyes. There seems to be increasing evidence that the onset of myopia may be hastened by indiscriminate tele-viewing.

My thanks are again due to the teachers, health visitors, and Miss Newman, my assistant. The new forms supplied to the Health Visitors for recording the results of vision testing are a great help and much appreciated.

**Dr. W. G. Hutton.** During the past year three new schools have been added to my list (a private school at Torquay, a Home Office approved school at Newton Abbot, and a special school for backward children at Maristow) making the total number of schools visited during the year up to 237.





# CLINICS

Town	Address	Phone No.	Type of Clinic	½-day Sessions		
				Week	Fort-	Month
					night	
Alphington ..	Council School .. ..		Minor Ailment .. ..		1	
Appledore ..	Appledore Hall .. ..		Minor Ailment .. ..			1
Ashburton ..	Grammar School .. ..		Minor Ailment .. ..	1		
Axminster ..	Secondary Modern School	2146	Minor Ailment .. ..	1		
	Junior School .. ..	2374	Speech .. ..	1		
	Plaza Cinema .. ..	2123	Vision .. ..			½
Bampton ..	Central Hall .. ..		Minor Ailment .. ..		1	
Barnstaple ..	Ashleigh Road Hut .. ..	3549	Minor Ailment .. ..	5		
	Ashleigh Road Hut .. ..		Dental (whole-time) ..		21	
	Boutport Street .. ..	2117	Speech .. ..	3		
	Boutport Street .. ..		Child Guidance .. ..			4
	Boutport Street .. ..		Vision .. ..			1½
Bideford ..	Coronation Road .. ..	1121	Minor Ailment .. ..	1		
	Coronation Road .. ..		Dental (part-time) ..	4		
	Coronation Road .. ..		Speech .. ..	2		
	Coronation Road .. ..		Vision .. ..			1
	C. of E. Institute .. ..		Minor Ailment .. ..	1		
Braunton ..	Parish Hall .. ..		Minor Ailment .. ..	1		
Brixham ..	Church House, Bolton		Minor Ailment .. ..	1		
	Street .. ..					
	Church House, Bolton					
	Street .. ..		Vision .. ..			1
Buckfastleigh	Council School .. ..	3104	Minor Ailment .. ..	1		
Budleigh						
Salterton	Church Institute .. ..		Minor Ailment .. ..		1	
Colyton ..	Youth Club, High Street		Minor Ailment .. ..		1	
Combe Martin	Baptist Church Rooms ..		Minor Ailment .. ..		1	
Crediton ..	Newcombes .. ..	449	Minor Ailment .. ..	1		
	Newcombes .. ..		Dental (part-time) ..	4		
	Newcombes .. ..		Speech .. ..	1		
	Newcombes .. ..		Vision .. ..			½
Cullompton ..	Baptist Chapel Schoolrooms		Minor Ailment .. ..		1	
Dartmouth ..	Mayors Avenue .. ..	245	Minor Ailment .. ..	1		
	Mayors Avenue .. ..		Dental (part-time) ..		1	
	Mayors Avenue .. ..		Vision .. ..			1
Dawlish ..	The Knowle, Barton Road	3356	Minor Ailment .. ..		1	
	The Knowle, Barton Road		Vision .. ..			½
Exeter ..	Alice Vlieland Centre ..	54685	Child Guidance .. ..	4		
	Alice Vlieland Centre ..		Dental (part-time			
			Orthodontic) .. ..		1	
	Alice Vlieland Centre ..		Vision .. ..			1
	Alice Vlieland Centre ..		Speech .. ..	1		
Exmouth ..	Royal Devon & Exeter	2261 &	Dental (part-time)		1	
	Hospital .. ..	59261				
	St. Clements, 142 Exeter	2610	Minor Ailment .. ..	3		
	St. Clements, 142 Exeter		Dental (part-time) ..	7		
	St. Clements, 142 Exeter		Speech .. ..	1		
	St. Clements, 142 Exeter		Vision .. ..			½
	St. Clements, 142 Exeter		Remedial & Breathing			
	Road .. ..		Exercise .. ..		Occasional	
Fremington ..	Parish Hall .. ..		Minor Ailments .. ..			1
Holsworthy ..	Chapel Street Schoolroom		Minor Ailment .. ..			1
	Chapel Street Schoolroom		Speech .. ..	1		
	Secondary Modern School	30	Vision .. ..			½
Honiton ..	Secondary Modern School	283	Minor Ailment .. ..	1		
	Secondary Modern School		Vision .. ..			½
	Mill Street .. ..		Speech .. ..	1		
Horrabridge ..	Church Rooms .. ..		Minor Ailment .. ..		1	
Ilfracombe ..	4 Market Street .. ..	758	Minor Ailment .. ..	1		
	4 Market Street .. ..		Vision .. ..			½
	4 Market Street .. ..		Dental (part-time) ..	3		
	4 Market Street .. ..		Speech .. ..	1		
Ivybridge ..	Methodist Sunday School					
	Room .. ..		Minor Ailment .. ..		1	
Kingsbridge ..	Tresillian .. ..	2280	Minor Ailment .. ..	1		
	Tresillian .. ..		Vision .. ..			1
	Tresillian .. ..		Dental (part-time) ..	3		
	Co. Primary School ..	2009	Remedial & Breathing			
			Exercises .. ..	1		
Lifton ..	Methodist Church Rooms		Minor Ailment .. ..			1
Lynton ..	Jubilee Hall .. ..		Minor Ailment .. ..		1	

Town	Address ..	Phone No.	Type of Clinic	½-day Sessions		
				Week	Fort- night	Month
Morchard						
Bishop ..	Memorial Hall .. ..		Minor Ailment .. ..			1
Newton Abbot	Glencoe, Courtenay Park	377	Minor Ailment .. ..	2		
	Glencoe, Courtenay Park		Vision .. ..			1
	Glencoe, Courtenay Park		Speech .. ..	2		
	Glencoe, Courtenay Park		Dental (whole-time) ..			21
Newton Abbot	Meadowside, Highweek Rd.	461	Minor Ailment .. ..	2		
Northam ..	Church Hall .. ..		Minor Ailment .. ..			1
Okehampton ..	Fairplace Methodist Rooms		Minor Ailment .. ..			1
	Fairplace Methodist Rooms		Speech .. ..	2		
	Secondary Modern School	97	Vision .. ..			1
Paignton ..	Central Clinic, Midvale Rd.	57555	Minor Ailment .. ..	1		
	Central Clinic, Midvale Rd.		Vision .. ..			2
	Central Clinic, Midvale Rd.		Dental (part-time) ..	6		
	Central Clinic, Midvale Rd.		Speech .. ..	1		
	Hayes Road .. ..	57336	Minor Ailment .. ..	1		
Plympton ..	Congregational School ..		Minor Ailment .. ..	1		
	Congregational School ..		Remedial Exercises & Breathing Exercises (Occasional) .. ..		1	
	Secondary Modern School	2297	Speech .. ..	1		
	Secondary Modern School		Vision .. ..			1
	Primary School .. ..		Speech .. ..	½		
	St. Maurice Co. Primary School .. ..		Speech .. ..	½		
	St. Maurice Co. Primary School .. ..		Dental (part-time) ..			1
Plymstock ..	Secondary Modern School	3327	Minor Ailment .. ..	1		
	Secondary Modern School		Vision .. ..			1
	Secondary Modern School		Dental (part-time) ..	5		
	Secondary Modern School		Speech .. ..	1		
	Secondary Modern School		Remedial & Breathing Exercises .. ..	1		
Roborough ..	Recreation Hut .. ..		Minor Ailment .. ..			2
	Maristow Special School	73178 (Plymouth)	Speech .. ..	1		
Salcombe ..	Cliff House .. ..		Minor Ailment .. ..			1
Seaton ..	Women's Institute .. ..		Minor Ailment .. ..			1
Sidmouth ..	Woolcombe House .. ..		Minor Ailment .. ..			1
	Woolcombe House .. ..		Vision .. ..			½
South Brent ..	Church Hall .. ..		Minor Ailment .. ..			1
South Molton	99 East Street .. ..		Minor Ailment .. ..			1
	99 East Street .. ..		Speech .. ..	1		
	99 East Street .. ..		Vision .. ..			1
	99 East Street .. ..		Dental (part-time) ..	2		
	Secondary Modern School	29	Minor Ailment .. ..	1		
Tavistock ..	Church Hall, West Street		Minor Ailment .. ..	1		
	Church Hall, West Street		Vision .. ..			1
	Church Hall, West Street		Speech .. ..	2		
Teignmouth ..	St. James Parish Hall ..		Minor Ailment .. ..	1		
	Teignmouth Hospital (Out- patients Dept.) .. ..		Vision .. ..			½
Tiverton ..	St. Andrew Street .. ..	2708	Minor Ailment .. ..	1		
	St. Andrew Street .. ..		Dental (part-time) ..	5		
	St. Andrew Street .. ..		Speech .. ..	1		
	St. Andrew Street .. ..		Vision .. ..			½
	St. Andrew Street .. ..		Remedial & Breathing Exercises .. ..	1		
Torquay ..	Castle Road Clinic .. ..	4152	Minor Ailment .. ..	5		
	Castle Road Clinic .. ..		Speech .. ..	1		
	Castle Road Clinic .. ..		Dental (whole-time) ..	15		
	Castle Road Clinic .. ..		Vision .. ..	1		
	Castle Road Clinic .. ..		Child Guidance .. ..	4		
	Barton Clinic .. ..	87274	Minor Ailment .. ..	5		
	Barton Clinic .. ..		Dental (whole-time) ..			21
	Barton Clinic .. ..		Speech .. ..	1		
	Audley Park School .. ..	87920	Minor Ailment .. ..	5		
	West Hill School .. ..	87090	Minor Ailment .. ..	5		
Torrington ..	Church House, New Street		Minor Ailment .. ..	1		
	Junior School .. ..		Speech .. ..	½		
	Secondary Modern School	2186	Speech .. ..	½		
	Secondary Modern School		Vision .. ..			½
Totnes ..	Borough Park .. ..	2078	Minor Ailment .. ..	1		
	Borough Park .. ..		Dental (part-time) ..	4		
	Secondary Modern School	2392	Vision .. ..			1
Whimble ..	The Shack .. ..		Minor Ailment .. ..			1
Woolscombe	Methodist Hall .. ..		Minor Ailment .. ..			1
Yealmpton ..	Chapel Rooms .. ..		Minor Ailment .. ..			1

The Minor Ailment sessions include facilities for Diphtheria Immunization as required.



## SPEECH THERAPY

The County is divided into three areas for the purpose of Speech Therapy and the following Table shows the work done by the three Therapists:—

	N. Devon	Central & S.W.	S. Devon	Total
A.				
Number of cases on the register at the commencement of the year ..	90	52	214	356
Number of new cases placed on the register during the year .. ..	56	44	84	184
Number of individual cases interviewed and/or treated during the year .. .. .	106	96	172	374
Number of attendances of cases during the year .. ..	609	1,298	2,295	4,202
Number of cases				
(a) Discharged .. ..	32	26	18	76
(b) Left (including transferred)	38	7	2	47
Cases improved but not yet ready for discharge .. .. .	41	51	65	157

B.

### TYPES OF SPEECH DEFECT OR DISORDER DEALT WITH

*(Classified according to the predominating aspect of the disturbance)*

Defects of Articulation— e.g. Dyslalia .. ..	48	49	96	193
Defects of Voice— e.g. Excessive Nasality ..	3	3	4	10
Defects of Language— e.g. Aphasia .. ..	5	4	1	10
Defects of Communication— e.g. Stammer .. ..	41	29	59	129
Multiple Defects— e.g. Cleft Plate .. ..	9	11	12	32

**Miss V. J. Campion (South Devon Area—also worked temporarily in N. Devon Area for a period).**

Although the waiting list during the past year has increased, generally there have been satisfactory results. Co-operation on the part of patients and parents concerned has been good and increased interest has been shown as to the services speech therapy gives.

The waiting list has risen particularly high in the Torquay, Paignton and Newton Abbot area, where children only recently referred for Speech Therapy may have to wait for a year or more before a vacancy occurs for them to attend for treatment.

This rather discouraging factor, however, may be eliminated and overcome to a certain extent by (a) interviewing the child as soon as possible after he (or she) has been referred for Speech Therapy, and advising the parent on certain treatment which may be carried out at home in the meantime, before the child may be admitted for regular treatment and (b) group treatment.

Home co-operation plays a very big part in the progress of the patients concerned, and can never be stressed too much. There is a lot that can be done for all those children on the waiting list, whatever their speech defect may be, and it is hoped that with continued interest and co-operation from all sides the child with a speech defect need not feel different from other children.

Group treatment involving three or four children at a time has proved satisfactory but in a large number of cases too it has not proved satisfactory, depending upon the individual patient concerned; some respond to competitive treatment amongst themselves while others concentrate and respond better on their own. Cases of "rhino-ponia" have been found to respond well in a group, and groups of dyslalic children have proved satisfactory and the waiting list has been able to be reduced as a result, for some clinics. Dyslalic children in some cases have been classified according to their individual ability and speech defect and taken in groups.

A group of four children each with a lateral sigmatism proved very satisfactory; they showed great interest in trying to correct each others "S" sound; explaining to each other where their tongues should be in their mouth for the producing of an "S" sound, and ear training in this group (for the correct "S" sound) achieved very good results.

At the beginning of February this year the proposed speech clinic was opened at Axminster. This has proved very beneficial and patients find transport facilities a lot easier to reach Axminster, particularly as a large percentage of patients live in Axminster itself. A number of patients were unable to attend for treatment before as the nearest clinic for them was Honiton.

Since May, owing to the North Devon area being without a Speech Therapist, a half-day's session has been given to the Tiverton Clinic once a fortnight, alternating each week with a half day session at Honiton. This however is only a temporary arrangement and it is expected that the newly appointed North Devon Speech Therapist will include the Tiverton Clinic in her area as before, and the clinic at Honiton resumed to a half-day session weekly (in this, the South and East Devon Area).

Throughout the year I have received continued help and kindness and would like to show my appreciation, and thank the Medical Department, A.C.M.O.'s., Health Visitors, Head Teachers and Class Teachers for all their co-operation.

**Miss D. E. Brown, (North Devon Area).**

I have always understood country children to be less alert than their contemporaries who live in towns, but during my short reign of office in a rural district I have found a number of Devonian "exceptions." For example—John, a stammerer, interviewed at school after being taken from a geography lesson; no stammer was heard and when several other stammerers joined us he was still fluent and forthcoming. The following week, however, the same little boy presented himself, unasked, at my door and in a very hesitant voice said—" Had a little stutter last night, miss—seems to have got worse." He thought he ought to attend every week—at about the same time and stammered so convincingly that I think he almost believed himself—but at last he gave in and admitted that the hated geography lesson had " done it."

This was quite a contrast to the wide-eyed silence of the usual speech defective child, who thinks that the speech therapist is going to do something terrible to its tongue.

I should like to take this opportunity of thanking the doctors, school teachers, and health visitors, and other members of the Medical Staff with whom I have come into contact for their helpful co-operation, which has made my initiation so easy and pleasant.

**Miss D. M. Dickinson, (Central and S. West Area, also worked temporarily in N. Devon area for a period).**

This year, in order to reduce the waiting list in the Okehampton area, the Okehampton clinic has been increased to a full day and the Crediton clinic reduced to half a day.

The Plymstock Clinic, which has had no waiting list this year, is in future to be shortened by an hour or so, and this time spent at Maristow Special School where there are several children requiring treatment.

The half day previously set aside for School and Home visiting has been given to clinical time at Plympton and visiting has been carried out after the clinics in each area except the Holsworthy clinic which ends at mid-day. I find that this has proved a more satisfactory arrangement on the whole, reducing the time spent in travelling. Home visiting can also be carried out more extensively during the school holidays, when attendance at the clinics is in any case very limited.

From April to September I visited the N. Devon area to hold clinics there every fourth week in the temporary absence of a Speech Therapist.

I find that more children are being referred at an earlier age, including a number of pre-school children, and this generally means that the period of treatment is shorter.

An exception to this was the case of the twins-referred to me at the age of four years where treatment took rather longer than expected. They had first begun to talk at three years and were quite unintelligible to strangers and often to their parents, although their

elder brother could always interpret. Tonsils and Adenoids were removed, otherwise oral condition was normal, hearing appeared normal and both children were intelligent. Treatment was carried out over a period of two years and speech is now nearly normal. The fact that this speech defect, which was at first very severe, has given rise to no behaviour problems, anxiety, frustration or diffidence in speaking, either with other children or with adults, is largely due to their mother's wise co-operation and unfailing good humour. Without becoming emotional or over-anxious she has practised the necessary work at home with the children, and gone to considerable trouble to bring them regularly to the Clinic. One could wish that more parents, while as co-operative and interested in the child's progress, could become a little less anxious and emotional regarding the child's defect.

Finally I should like to thank again the Medical Department A.C.M.O's., Health Visitors and Heads and Staffs of Schools for their continued help and co-operation.

## SANATORIUM TREATMENT AND REPORTS FROM CHEST PHYSICIANS

I am indebted to **Dr. R. L. Midgley, Consultant Chest Physician to the Exeter Clinical Area**, for the following information with regard to the work carried out on children of school age at Hawkmoor Chest Hospital, during the year, 1954.

There were seven tuberculous children of school age in the hospital on 1.1.1954, together with five non-tuberculous children of school age. Eight tuberculous children and sixteen non-tuberculous children of school age were admitted during the year. Four tuberculous children and one non-tuberculous child remained in the hospital at 31.12.54.

These children were grouped clinically as follows:—

### (1). TUBERCULOUS CASES.

R.A.1.	..	..	..	..	..	2
R.A.2.	..	..	..	..	..	—
R.A.3.	..	..	..	..	..	1
R.B.1.	..	..	..	..	..	6
R.B.2.	..	..	..	..	..	—
R.B.3.	..	..	..	..	..	3
N.R.A.	..	..	..	..	..	2
N.R.B.	..	..	..	..	..	1
						—
						15
						—



(2). NON-TUBERCULOUS CASES. Treated in the Thoracic Surgical Unit.

Bronchiectasis .. ..	19
Patent Ductus Arteriosis .. ..	1
Surgical Investigation .. ..	1
	<hr/>
	21
	<hr/>

(1). TUBERCULOUS CASES.

Fewer cases have been treated this year and the results have been satisfactory in that, of those discharged, all were fit to return to school except three who had reached school leaving age.

One child was treated by artificial pneumothorax, one by phrenic crush and postural retention, and one by phrenic crush and pneumoperitoneum. Chemotherapy has been used where indicated and we found that children tolerated this form of treatment very well, including a case of miliary tuberculosis with meningitis.

Of the non-pulmonary cases, two were tuberculosis of cervical glands which were surgically removed, and one had tuberculous peritonitis.

Of the twelve children suffering from pulmonary tuberculosis, 5 had a history of contact with an open case, but no such history could be obtained in the remaining seven pulmonary cases, nor in the three non-pulmonary cases.

This rather high proportion of known sources of infection emphasizes once again the importance of the contact examination work carried out by the Chest Physicians, and the grave risks to which children are exposed who have to live in contact with open cases of tuberculosis.

(2). NON-TUBERCULOUS CASES.

Of the nineteen cases of bronchiectasis, six have had surgical treatment, two were considered unsuitable for surgery, five were placed on the waiting list for further investigation and for six cases it was decided that no surgery was required.

Ligation of patent ductus arteriosis was performed on the child mentioned.

One boy was picked up at Mass Miniature Radiography, which showed a partly calcified mass on the left side of the hilum, one or two inches below the ridge of the aorta. He had no symptoms. Thoracotomy was performed and a calcified plaque was seen, forming part of the wall of the infudibulum of the main stem of the pulmonary artery. The condition was obscure and the wound was closed.



## DISCHARGES.

*Tuberculous Cases.* All were discharged as fit to attend school.

*Non-Tuberculous Cases.* Fifteen were considered to be fit for school after a further period of convalescence, and five were placed on the waiting list with a view to surgical treatment.

No child of school-leaving age died in the hospital during the year.

The average length of stay was 196 days for the tuberculous cases, and 30 days for the non-tuberculous cases.

The following details have been supplied by the **Chest Physicians**:—

**Dr. J. E. Mellor.** (*Plymouth Area*).

During 1954, 485 children of school age were examined, as follows:—

Primary examinations—	Contacts	..	..	84
	Non-contacts	..	..	52
Re-examinations—	Contacts	..	..	280
	Non-contacts	..	..	69

As a result of these examinations, 6 cases of clinically significant tuberculosis were notified.

The majority of children attending are invited as contacts of a known adult case; of the non contacts, most are referred by their own doctors, very few being referred direct by the school medical officers.

Of the total of 319 B.C.G. vaccinations carried out during the year, 298 were on susceptible contacts of school age.

In addition to the routine domestic contacts, a special survey in one school was completed with the following results. All the children examined were within the 5—12 age group.

<i>Number examined</i>	<i>Pos. Mantoux</i>	<i>Neg. Mantoux</i>	<i>B.C.G.</i>	<i>X-rayed</i>
283	52	217	214	281

No clinically significant case of tuberculosis was found as a result of this survey. Mantoux conversion was effected in 211 of the 214 children vaccinated. The three outstanding children were lost sight of before post-vaccination mantoux testing could be carried out.

**Dr. G. E. Adkins. (Exeter Area).**

A total of 664 examinations of individual children, excluding special surveys, were made during the year, as under:—

Primary examinations—	Contacts ..	160	(173)
	Non-contacts	122	(149)
Re-examinations—	Contacts ..	294	(254)
	Non-contacts	88	(92)

The following tuberculous conditions were notified:—

Active Primary Foci .. ..	2	(5)
Tuberculous Meningitis .. ..	1	(1)
Miliary Tuberculosis with Meningitis ..	1	(—)
Mesenteric adenitis .. ..	2	(1)
Cervical Adenitis .. ..	8	(4)

The figures in brackets refer to those for 1953.

No case of adult type phthisis or of pleural effusion was notified during the year, which is unique, as far as can be ascertained. The child with tuberculous Meningitis made a satisfactory recovery. The child with Miliary Tuberculosis was admitted promptly to Hawkmoor, but was found to have well marked meningitis on admission. After a stormy passage, she is making a remarkable recovery. No infecting source was found in either of these cases. The two cases of mesenteric adenitis were in two boys of the same age in adjacent beds of a small hospital at the same time. No connection was apparent between the two cases. The notification of cervical adenitis showed an increase, but it is certain that many other cases are in the area un-notified and it is possible that the school Medical Officers might be able to help in this matter by enquiring in the case of children with suspected tuberculous cervical adenitis they find during routine school examinations. No case of orthopaedic tuberculosis was notified in the year, but it is doubtful whether this represents a true picture.

Eighty-four "Contacts" have received B.C.G. Vaccination. In some quarters there has been a falling off in enthusiasm, particularly in cases where one child has been vaccinated and another is added to the family. Not seeing any visible benefit to the elder child the parents fail to see the necessity for the trouble involved with the second. On the other hand, parents of older children, not contacts, who have heard of the B.C.G. of School leavers in other areas, ask to have their children done, and this request has to be refused with some explanation.

Two special investigations have been made in small village schools. One school was routinely tuberculin tested owing to a visit of the Mass Radiography Unit to a neighbouring village and a high positive response was found in the junior class—with a normal response in the senior class. No help was forthcoming from the chest X-rays of the children. All the teaching and domestic staff who had been in contact was X-rayed then or subsequently with negative

findings, and full enquiry failed to elicit any possible source of infection. On clinical examination, a large number of the children, both reactors and non-reactors, were found to have moderately enlarged cervical glands. The milk supply to the school was cleared, but it was known that the general milk position in the village had long been a source of discontent, although no T.B. were found on sampling. It was, however, concluded that milk was the main fact in the finding.

The other school was a small isolated village school, where a child was found to have an active primary lesion, and no home contact could be found, the other younger child in the house being tuberculin negative. All the children were tuberculin tested, with a reactor rate consistent with the age group, and the school, and teacher were X-rayed on the "Ivybank" 5in. x 4in. Camera Unit. No significant abnormality was found, and the only practical outcome was a confirmation that this unit has insufficient resolving power to detect small calcified foci in children, even when they are known to exist from previous full-size X-rays. This limitation to the use of this unit is disappointing, as it had been hoped it would prove useful in facilitating the examination of contacts, which remain an unsatisfactory problem.

#### **Dr. Wyndham E. B. Lloyd. (*Torquay Area*).**

Particulars of all children of school age and under are sent to the County Medical Officer. These are distributed to the School Medical Officers in the individual districts where the children live. Thus the School Medical Service is kept informed of the children seen by the Chest Physician, the reason for the examination and the findings. During the year the total number of child attendances was 1408. This figure includes attendances for tuberculin testing and B.C.G. inoculations.

The number of children seen for the first time in 1954 was 383, (196 boys and 187 girls). Of these 139 came directly from their family doctors, 238 were asked up as "contacts," and 6 were referred by the school doctors. As in the previous year this shows the increasing tendency of the school service to send ailing children in the first place to their private doctors.

During the year 64 special sessions for "contacts" only were held and for the most part these were largely clinics for children. The following table shows the cases of tuberculosis found, together with the figures for earlier years.

			1951	1952	1953	1954
Primary lung tuberculosis	..	..	4	7	6	4
Pleural effusion and erythema nodosum	..	..	—	2	3	1
Adult type lung disease	..	..	2	2	4	1
Miliary and meningitis	..	..	1	1	2	1
Glands of neck	..	..	1	10	2	2

Of the four primary cases, all were treated with rest at home, two having chemotherapy in addition. All did well. The one case of pleural effusion went to a children's hospital where he is still convalescent. One case of tuberculous meningitis was seen in hospital and transferred to Plymouth for treatment. In this case, and in two of the primary cases, the source of the infection was traced. The single case of adult type lung disease went to Hawkmoor where she still is. The two neck gland cases were treated surgically with good results.

In addition to the new primary cases, there were seven primary cases transferred from other areas—four from Cornwall and two from Malta—all of which were sent here to complete their convalescence.

The two cases of tuberculous adenitis this year compared with ten in 1952 reflects the improvement in the milk supply.

Tuberculin jelly tests were carried out on all child contacts and on most of the other children seen by the Chest Physician. In all 375 were tested, many of them more than once ; 192 were positive, this figure including 66 who successfully converted to positive after B.C.G. inoculation.

Eighty children were given B.C.G., 66 converted to tuberculin positive by the end of the year, the others, inoculated late in the year, were not due for retesting until 1955. The work of the Health Visitors was of the greatest help in carrying out the repeated tests necessary to a successful campaign.

Late in 1954 a scheme was started whereby all school entrants were to be tuberculin tested (with jelly)—as this would prove a pointer to the households where infectious tuberculosis was present. It is too early to assess the results of these investigations.

**Dr. A. J. MacMillan.** (*Barnstaple Area*).

During the year 1313 children of school and pre-school age were examined, as follows:—

				1953
Primary examination—	Contacts	..	138	169
	Non-contacts	..	90	131
Re-examinations—	Contacts	..	567	510
	Non-contacts	..	518	749
	Total	..	1313	1559



There were 10 children notified as suffering from Tuberculosis with the following classification:—

	Boys	Girls	Total	1953
Pulmonary ..	6	—	6	7
Non-Pulmonary ..	2	2	4	7
Total ..	8	2	10	14

Of the pulmonary cases:

	Boys
Primary infection .. ..	1 (age 18/12)
	1 (age 8)
Primary pleurisy with effusion ..	1 (age 7)
	1 (age 10)
Adult type lesion .. ..	1 (age 16)
	1 (age 17)
	both with T.B. + Sputum.
	6

Of the non-pulmonary cases:

	Boys	Girls
Cervical glands .. ..	1 (age 13)	
Spine .. ..	1 (age 9)	
Os. calcis .. ..		1 (age 8)
L. knee .. ..		1 (age 2½)
	2	2

Tuberculin test, E.S.R. estimations and X-rays were carried out at the Chest Clinics as follows:—

Jelly tests .. ..	207
Mantoux tests .. ..	182
E.S.R. estimations .. ..	661
X-ray examinations .. ..	1000 (approx.)
Reports on school-children sent to A.C.M.O's. totalled ..	759
Number of children receiving B.C.G. vaccination ..	46

In September of 1954 arrangements were made to jelly test all the 5-year-old children throughout the following scholastic year. This was done by arranging for the jelly to be applied by the Health Visitors two days before the medical inspection and the jelly test was read by the School Medical Officer at the inspection. Arrangements were made for all cases found positive to the jelly test to be X-rayed, and although some cases were kept under observation, no child was found to be suffering from tuberculosis in an infectious form.

The jelly testing was arranged to take place about eight weeks before the visit of the Mass Radiography Unit in the vicinity, which gave an opportunity for the Health Visitors to visit the families of the positives, so as to persuade them to attend for Mass Radiography when the Unit arrived.

It is thought that by following this method we may be enabled to trace cases of tuberculosis in the community which may, unknown to themselves, require treatment. It is hoped to extend the testing to further groups of children in the years to come.



## CHILDREN'S HOMES AND NURSERIES

The number of examinations of children of school age carried out by Assistant County Medical Officers at Residential Children's Homes of the Children's Department was 241.

Oaklands Park, the Residential Home maintained by the Health Committee at Dawlish, for children whose health would be improved by a change, continued to function throughout the year. As the vast majority of children admitted come from schools which are administered by the Education Authority, the following table is given:—

Number of recommendations for admission received ..	147	
Number of school children admitted for the first time during the year .. .. .	117	} 125
Number of children re-admitted .. .. .	8	
Average length of stay .. .. .	11 weeks 2 days	
Average gain in weight .. .. .	4lbs. 11ozs.	

## CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

Close co-operation under the Co-ordinating Officer has continued in the detailed supervision of problem families. The Health Visiting/School Nursing staff are carrying out concentrated visiting in so far as their other duties permit and in no small measure this work has been of major importance in keeping families together. In most cases a very slow but definite upgrading of the standard in these homes is resulting. Housing continues to be one of the basic difficulties in most cases.

The opening of schools for Educationally Sub-normal children is already showing promising results and clearly the children attending them are not only improving themselves to a marked degree in most cases but are also influencing their parents to the benefit of the whole family. This has been very obvious in a few parents who were most reluctant to accept initially the offer of places for their children.

## CONSULTATION SCHEME

The records of children referred to Consultants were as follows:

(a) Child Guidance .. .. .	406
(b) Chest Physician .. .. .	76
(c) Ear, Nose and Throat Surgeons .. .. .	561
(d) General Physicians .. .. .	14
(e) General Surgeons .. .. .	15
(f) Dermatologists .. .. .	31
(g) Orthopaedic Surgeons .. .. .	201
(h) Ophthalmic Surgeons .. .. .	3
(i) Cardiologists .. .. .	23
(j) Paediatricians .. .. .	23
(k) Any other	} .. .. . 7
Gynaecologist 1	
Physiotherapist 1	
Radiologist 2	
Plastic 3	
Total .. .. .	1360

## EXAMINATION OF STUDENTS FOR TRAINING COLLEGES

At the request of the Ministry of Education, students entering training colleges, not only in Devon but in other parts of the country, were medically examined by the staff of the School Health Service. During the year, 227 of such examinations were carried out by the medical staff.

## SURVEY OF CHILD HEALTH

The County is co-operating with the University of London's Joint Committee of the Institute of Child Health concerning a group of children born in the first week of March, 1946, drawn from all social classes and all parts of England and Wales, for whom information has been amassed in regard to accidents, illnesses, growth and development. During 1954, 59 returns were completed and sent to the Institute in respect of these children who were living in Devon.

## INFECTIOUS DISEASES IN SCHOOLS, AND IMMUNISATION

Two thousand five hundred and sixty three children (infected and/or contacts, as notified by Head Teacher) were excluded from School during the year:—

Chicken Pox	..	..	..	..	1,319
Conjunctivitis	..	..	..	..	58
German Measles	..	..	..	..	221
Measles	..	..	..	..	118
Mumps	..	..	..	..	75
Poliomyelitis (acute)	..	..	..	..	19
Scarlet Fever	..	..	..	..	107
Septic Tonsillitis	..	..	..	..	1
Skin Diseases	..	..	..	..	64
Ringworm of Body	..	..	..	15	
Ringworm of Scalp	..	..	..	8	
Impetigo	..	..	..	40	
Scabies	..	..	..	1	
Whooping Cough	..	..	..	..	518
Other Diseases	..	..	..	..	63

Reinforcement doses of diphtheria antigen were given shortly after children entered schools and also before leaving the Primary for the Secondary Schools. A total of 8329 were given during the year.

It is again heartening to report that no case of diphtheria occurred among school children in the administrative County of Devon during 1954.

## EMPLOYMENT OF SCHOOL CHILDREN OVER 12 YEARS OF AGE

Number of cases examined by A.C.M.O's.	..	995
Number of cases examined by Private Doctors	..	67
Number of cases found unfit for employment or who were refused employment on other grounds		6
Number of cases in which employers were prosecuted for offences against the Authority's Employment Bye-Laws under Section 18 of the C. & Y.P. Act, 1933	.. .. .	1

## PRIVATE SCHOOLS

There are three Private Schools in the County under the Devon County Council's School Health Scheme, though one of these has not availed itself of its services during the year.

### LIST OF IMPROVEMENTS TO OFFICES, SANITATION, ETC., CARRIED OUT DURING THE YEAR 1954

#### COUNTY PRIMARY SCHOOLS.

Abbotskerswell .. ..	Additional lavatory basins
Ashwater .. ..	Additional lavatory basins
Brixham: Furzesham Hill ..	New Staff Cloakroom
Broadwoodwidge: Ivyhouse..	Additional lavatory basins
Cheriton Fitzpaine .. ..	Improvements to Sanitary accommodation
Chittlehampton: Umberleigh..	Conversion of Offices to water carriage
Coleridge .. ..	Additional lavatory basins
Colyton .. ..	Additional sanitary accommodation
Copplestone .. ..	Additional sanitary accommodation
Dalwood .. ..	Main water supply
Dunsford .. ..	Main water supply
Exmouth: Exeter Road ..	Alterations to offices
Filleigh .. ..	Additional lavatory basins
Hatherleigh .. ..	Additional lavatory accommodation
Hemyock .. ..	Hot water supply to cloakrooms
Kentisbury .. ..	Main water supply
Kilminster .. ..	Hot water supply to cloakrooms
Modbury .. ..	Hot water supply to cloakrooms
Newton St. Cyres .. ..	Main water supply
Parkham .. ..	Main water supply
Sandford .. ..	Additional lavatory accommodation
Shaldon .. ..	Additional lavatory basins
Shobrooke .. ..	Main water supply
Slapton .. ..	Main water supply
South Brent .. ..	Additional lavatory basins
Tavistock .. ..	Hot water supply to cloakrooms
Tedburn St. Mary .. ..	Main water supply
Topsham .. ..	Improvements to offices, etc.

#### VOLUNTARY PRIMARY SCHOOLS.

Aveton Gifford .. ..	Hot water supply and additional basins
Bideford .. ..	Additional lavatory basins
Brampford Speke .. ..	Alterations to offices, main water supply
Black Torrington .. ..	Additional lavatory basins
Chagford .. ..	Additional sanitary accommodation
Charleton .. ..	Alterations to offices
Kenn .. ..	Main water supply
Kentisbeare .. ..	Drainage tank, etc.
Lamerton .. ..	Alterations to offices
Northlew .. ..	Main water supply
Payhembury .. ..	Improvements to offices, etc.
Plympton Sparkwell.. ..	New staff lavatory
Sampford Peverell .. ..	Additional lavatory basins

## COUNTY SECONDARY SCHOOLS.

Barnstaple Girls	..	..	Additional lavatory basins
Bideford	..	..	Additional lavatory basins
Holsworthy	..	..	Additional lavatory accommodation
Ilfracombe	..	..	Additional lavatory basins
Okehampton	..	..	Provision of showers
Paignton Girls	..	..	New staff cloakroom

## COUNTY GRAMMAR SCHOOLS.

Kingsbridge	..	..	Hot water supply to cloakrooms
Torquay Boys	..	..	New drying rooms and showers, etc.
Totnes	..	..	Provision of showers

## SAMPLING OF WATER SUPPLIES

Through the County Sanitary Officer, a watch was kept on the water supplies of the schools, and during the year 114 samples were taken and sent for bacteriological analysis. Nine of these were taken from main supplies and 105 from wells. Where they were found unsatisfactory, appropriate advice was given to the Heads of schools.

There has been some diminution in the number of samples taken because, owing to the activities of the three Water Boards in the County, a number of schools which hitherto have relied on unsatisfactory local sources, were afforded a mains water supply, and the necessity to take so many bacteriological samples has declined.

## COMMENTS FROM ANNUAL REPORTS OF INDIVIDUAL ASSISTANT COUNTY MEDICAL OFFICERS

**Dr. L. G. Anderson, (*Exmouth*).**

All the schools in my area have been visited each term during the year and the general health of the children has been found to be satisfactory.

Immunisation has been carried out at schools in the winter and summer terms and the response, on the whole, to the re-inforcing injections has been very good.

Regarding lighting by artificial means of some of the older school class rooms, a great deal could be done to effect improvement by the proper shading and siting of the electric lamps. In several class rooms it is found that the children viewing the blackboard are subject to considerable glare which, in my opinion, is quite unnecessary.

I should like to thank the Health Visitor, Mrs. Godfrey, the Assistant School Nurse, Mrs. Henson, and the Head Teachers and staff of the various schools which I visit for their help and co-operation which has ensured that the school medical inspections have proceeded smoothly and efficiently.



**Dr. N. Archer,** (*Moretonhampstead, Bovey Tracey, Ashburton Area*)

The year under review was my first full year at work in the County. It has necessarily been a year of reconnaissance, making acquaintances, and adapting myself to conditions of work which were at first strange to me. I appreciate planning my own programmes of work around its fixed appointments for many reasons, but chiefly because one is able to relate the details of the programme to the exact local conditions under which the work is done and so to use time to the best advantage.

Routine Medical Inspections have been carried out in the appropriate age groups in all Schools, as well as re-inspections of the pupils noted for observation. Parents have been sent the usual invitation to all examinations and have usually availed themselves of the opportunity in the younger age groups. In the inspection of school entrants it has been customary to have a parent present with almost every child and this is most welcome since the friendly contact thus made between the parent and the School Medical Officer at the outset of the child's School career can be of great value to all three, and will, I believe, gradually lead to the attendance of more parents at subsequent inspections. I understand there is at present a certain amount of filial pressure upon parents not to attend these later inspections as it is thought to be "sissy!" I hope this fashion will change. The opportunity in the older age-group inspections for discussing with parents any details of the child's school health record that may require consideration in the choice of an occupation can be valuable.

The general condition of the children inspected has reached, on the whole, a very satisfactory standard; few have fallen into the category showing poor general condition. In fact, it took me some time when I first started work in the County to re-adjust my mental picture of size in relation to age. I was quite unused to the size of country children, which was particularly noticeable at the younger ages. At the same time, I should like to make clear that I have not found more school children overweight for their height here than elsewhere.

With few, but some notable exceptions, the standard of clothing and cleanliness has been good and the rarity of infestation most welcome.

The defects encountered have, in the main, conformed to the age-group pattern familiar to School Health workers all over the County. Many of the defects have been minor and transient, as subsequent re-inspection has shown. Those which have caused me most concern are defects of posture and muscle tone. I have seen far too many children whose posture is poor, particularly amongst adolescents. Although these are most numerous in girls, the worst examples of habitually bad posture have been found in boys and they appear less ready to try to correct the defect. I feel that a proper balance between suitable exercises and adequate rest is the key to good muscle tone and posture in the school child. Hence the



importance of the Physical Training Staff in the school and a reasonable and regular bed time in the home!

Immunisation against Diphtheria, or re-inforcing injections, have been offered to the entrants and ten-year-old age-groups at each routine inspection. Where parental consent had hitherto been refused and the parent was present at the inspection, every effort was made to alter this decision and there have been very few who have persisted in their refusal.

The Tuberculin jelly testing of entrants, which began in the last term, was well received by parents once they understood its implications. Some of them expressed their appreciation for the opportunity of the test and asked for it to be extended to other children in the family.

At my visits to school canteens I have often been impressed by the interest taken by the staff in the preparation and service of the school meals. In the smaller canteens the Cook-Supervisors have sometimes been able to shed useful light on the dietary habits of children showing unsatisfactory nutrition. A number of my schools have no dining room and are extremely pressed for space; the conditions under which the children in these schools take their meals are far from satisfactory. While understanding only too well the difficulties involved, I must admit that on several occasions during the year I have looked back with nostalgia to the "bad old days" when children could be recommended for free meals on grounds other than financial. As everyone recognises, there are many factors that determine poverty or sufficiency in a family other than the income—and it is a sad sight to see one or two children eating an unconsoling sandwich while the rest of the school enjoys a hot meal. Unfortunately, it is almost always the child who would benefit so much from a regular well-planned hot midday meal, whose parents cannot, or will not, afford the cost.

During the year a number of children in my area had the privilege of a stay in Oaklands Park. They not only benefited obviously but appeared to enjoy themselves as well.

While the provision of special schooling for the educationally subnormal child is rapidly becoming more adequate, there are still many of them with us in the ordinary school. I know of more than one instance where such a child, who is also maladjusted, is capable on one of his bad days of disrupting the work of a whole class. Many teachers give patient individual attention to the teaching of these children, which consumes time they can ill spare from the rest of the class. I was glad to have, during the year, the occasion for a brief visit to Bradfield School and look forward to learning more about the work carried on there and at Maristow School. I am also indebted to the Local Authority for my attendance at the course of study arranged by the London University for School Medical Officers on Educationally Subnormal and Mentally Defective Children.

I should like to say how grateful I am to all the colleagues in the many branches of School Health work, most particularly to Teachers and Health Visitors, who have helped me so generously, during the year.

**Dr. M. E. Budding,** (*Tavistock—Plympton—Holsworthy Area*).

The work has again been carried out in my area with very little new to report. All schools have had medical inspections, canteen inspections, etc. One new Primary School has been opened in my area and the school for educationally subnormal children at Maristow House has admitted its first pupils.

Two special school surveys were undertaken. Following on the positive biological result of a sample of milk in one school, all the children and a few under-fives were jelly tested; 59% were positive and these were all X-rayed. In the second school a young teacher of 6 year olds was found to have acute pulmonary tuberculosis and the whole school of nearly 300 children and staff was X-rayed. Those jelly and Mantoux 1/100 negative were offered B.C.G. vaccination, and this was carried out with the chest physician in the school. It was interesting to note that, as would be expected, a higher percentage of 6 year olds was found to be positive than in any other age group, but no active cases were found. However, the outcome might have been much more serious and does call for extra efforts to be made to persuade teachers to have chest X-rays yearly for their own sakes as well as the children's.

There are only one or two other points which I should like to mention. Problem families are always with us, and look like remaining so until they themselves have the will or the heart to improve their lot! Boarded out children have been seen in school on each visit but very few foster-parents attend compared with parents. This is a great pity.

With the appointment of a dentist in the Holsworthy area my area is now complete in its "medical teams" for the first time for 5 years. One pleasing item to report is a home-teaching class in Tavistock for ineducable children. This has been long called for and should meet a great need; it is only meeting fortnightly at present, but should ultimately of course meet more frequently and undoubtedly will do so.

School nurses sometimes get depressed about the time they spend doing "hygiene" surveys in Schools when really the standard, apart from a few bad families, is high. An interesting situation arose in one school in my area where there was no school nurse for some months. The one or two "bad" families reigned supreme and then came the holidays, with the result that the second week of term an S.O.S. was sent for the new school nurse to visit and almost the whole school was infected. This from just 2 children and no nurse to "keep an eye" on them for about 3 months—so frequent visiting is still necessary even in these days!

I should like to finish by thanking all the health visitors, assistants and teachers for their willing co-operation in spite of considerable overwork particularly in the south area where several new estates are springing up with consequent increase in population.

**Dr. T. J. Davidson, (*Bideford Area*).**

The health of school children, as found on examination, continues to be good. Parents are conscientiously taking their children to their own Doctors for the treatment of even minor defects, so that fewer cases present themselves at Medical Inspections which require to be referred to Specialists or others for treatment. The number of "minor problem" children presented appears to have a direct relation to the competence of the School Nurse.

The introduction of Jelly Tests for schoolchildren of the 5 year old group has proved popular. There are quite a number of requests to have older children tested.

A new Clinic was opened at Bideford during the year. This is a great boon and allows of school medical work being carried out under very much more favourable conditions.

Regular School Clinics were held at Bideford (weekly), Torrington (fortnightly), Fremington (fortnightly) and Appledore (monthly). All schools were visited at least twice during the year. A Routine Inspection and a Re-inspection was carried out in every school in my area—the first time for a number of years.

I am grateful to all teachers and Health Visitors for the ready co-operation and assistance given to me during the year.

**Dr. H. M. Davies, (*Newton Abbot Area*).**

#### INFECTIOUS DISEASES.

##### *Acute Poliomyelitis.*

There was no case of Acute Poliomyelitis in school children in my area during 1954.

##### *Measles.*

Very few cases occurred, as expected following the high incidence in 1953.

##### *Whooping Cough.*

There were many more cases of Whooping Cough notified during the second quarter of 1954.

##### *Scarlet Fever.*

An increase in the number of cases of Scarlet Fever occurred during the year. This disease continues to be very mild and in many cases medical attention is not sought.

##### *Diphtheria Immunisation.*

In the almost complete absence of Acute Poliomyelitis in the area there was no cause for suspending immunisation during the year. It continues to grow increasingly difficult to overcome the apathy of some parents in respect of this disease as no cases have occurred in the neighbourhood for over nine years.



### *Cleanliness.*

Generally speaking the cleanliness of the children in the school in and around Newton Abbot continues to be very good. There are certain exceptions and most of these are in boys between the ages of 11 and 14 years. It appears that at this age parental supervision becomes less stringent and a boy's natural abhorrence to soap and water tends to go unchecked. There is too a tendency for dental cleanliness to be overlooked by many children in this age group and in one class that I examined nearly half of the children admitted that they never, or only occasionally, cleaned their teeth. Many did not possess a tooth brush.

I consider this state of affairs to be inexcusable and on a number of occasions I have excluded the worst offenders from school for a day or so. This measure has proved most effective and the improvement in the other children of the school has been most noticeable.

I should like once again to express my thanks to the Health Visitors, Nursing Assistants and Head Teachers for their assistance and co-operation during the year.

### **Dr. D. M. Green, (*Honiton Area*).**

Medical Inspections have proceeded normally during the year, three visits having been paid to almost every school in the area.

Immunisation of 5 and 10 year olds has also been carried out, with fewer refusals on the whole.

The Speech Clinic has been resumed during the year, and an additional session for the Axminster district. This is an invaluable addition to the School Health Service. We are also glad to welcome an extension of the Orthopaedic Clinic to Axminster. There seems to have been much less ear disease than in some former years, and parents appear to be becoming more knowledgeable about the serious results of ear infection.

Much credit all round is due to the conscientious work of the Health Visitors in my area, and I wish to pay tribute to the friendly co-operation of the teaching staff who have helped in arranging effective inspections.

Most cordial relations on the whole exist with General Practitioners, which ensures maximum co-operation when necessary. Altogether we look back upon a most satisfactory year in this area.

### **Dr. Marjorie H. King, (*Ashburton—Brixham—Dartmouth Area*).**

#### *Orthopaedic.*

I stress again the importance of correct standing and sitting. There are too many cases of defective posture in all ages. Continual supervision by teachers and Physical Training Instructors is necessary also provision of suitable desks and seats.

It is nearly 34 years since I began School Medical work, and I regret that I find that the improvement in the conditions that we School Medical Officers have to work in has not kept pace with the general improvement of school buildings as a whole.

I have this year, come up against a new problem for this area, that of the homes where both Parents go out to work. There has always been a certain amount of seasonal outside work for mothers here, but lately, outside daily work is going on all the year. There are various jobs in factories, canteens, etc., etc., and more women are doing outside domestic daily work. I have found, frequently, children at school who, quite obviously, should not be there, as they have high temperatures, bronchitis, sores, etc., etc. When I advise exclusion am told that there is no one at home. I have been told that the only person at home is an older sick child in bed. There is something wrong here—the mothers seem to *want* the children out of the way. The usual tale is that the mother has to work because of the increased cost of living and the high rents of Council Houses. Actually, many modern parents are not content with, what could be with efficient management, an adequate income, but demand the luxury trimmings—cigarettes, radio, television, electric gadgets, cinemas, etc., etc., . . . all the “ necessities ” of our modern civilisation. Therefore mother and father go out to work. This obviously must result in unsatisfactory home care of children. The children under school age may be parked with neighbours or grannies. Where the parents have to be at work early it is not unusual for the school children to be sent out to fend for themselves until school opens, no matter what the weather. I have known children, not on school dinners, who had to play about the streets until such time as the “ home ” door was unlocked and they could get in to snatch their so-called dinners.

We now do so much for the children that many parents tend to shelve their responsibilities. Many mothers today do not seem to realise they are the core of a satisfying home and that their love and care is tremendously important in influencing for life, the mental, moral and physical wellbeing of the children.

I can see no solution to this problem. I am afraid that I cannot picture employers refusing to employ mothers of young children as these women are usually young and fit.

Again, this year, I thank the teachers and the Health Visitors and Nursing Assistants for their most helpful and efficient co-operation.

**Dr. J. R. Ludlow,** (*Temporary A.C.M.O. Paignton—Kingsbridge Area*).

During two periods as a temporary A.C.M.O. in the Paignton Area (4 months) and the Kingsbridge Area (2 months), school routine and re-inspections were carried out, school clinics held and a number of reports on the Sanitary condition of Schools were completed. Canteens were inspected and school meals examined I was impressed by the high standard of these.

After many years in Africa, I was struck by the very large number of cases of defective posture found in all the schools. Classes conducted by the Health Visitors or teachers are proving



very beneficial. It is a pity that such classes cannot be held in every school. Foot defects are also conspicuous.

The large percentage of parents attending the routine examinations is very encouraging and affords a valuable opportunity to get across some health teaching. This seems particularly necessary in connection with the amount of sleep a child requires.

As a temporary officer in two areas I have been very dependent on the help of Head Teachers and Health Visitors, all of whom have been most helpful and co-operative. To all these and to the staff of the Public Health Office at Oldway I would express my thanks.

**Dr. D. K. MacTaggart** (*Paignton Area*).

Since commencing my duties in Paignton in May 1954, I have had little opportunity of assessing the health of the school children at routine medical inspections, as all the schools had been visited, and nearly all the examinations for the year carried out, by Dr. Ludlow.

However, judging from those pupils whom I have examined in school, and from those attending the school clinic, I was struck by two things about the Paignton school children:

(i) the very small number who are poorly nourished;

(ii) the almost complete absence of nits, lice and scabies.

These points were most obvious to me, as there was such a contrast in their incidence compared with that in the industrial area which I have recently left.

At the School Clinic, at 40 sessions during the year, 485 individual children attended, and the total number of attendances was 729. Most of the ailments for which advice was sought were skin conditions, followed by orthopaedic defects, especially valgus and flat feet. Although there were few ear defects, I found it disappointing that there are no arrangements by the County for Pure Tone Audiometry.

Finally, I should like to express my thanks for your assistance, in helping me to become familiar with different methods and conditions.

**Dr. N. Proctor Sims** (*Tiverton Area*).

The School Health Work in my area has continued as usual during the year. It was possible this year to visit all schools twice and all school canteens were inspected. The school dinners, especially those cooked in the schools' own kitchens, are of good quality, but the provision of proper sanitary accommodation for the canteen staffs is lacking in many schools.

I gave two lectures during the year to canteen staffs in east and North Devon on hygiene in food preparation and the prevention of food poisoning; it was ironical to stress care in personal hygiene when I knew that proper facilities were not provided in all cases.

The health of the children is reasonably good and verminousness is rare. Cases of Impetigo have increased during the Autumn Term

among boys, it seems fashionable for the "tough guy" to be a dirty guy. The most common defects found at school medical inspections are allergic manifestations, asthma, rhinitis, sinusitis and urticaria are all common, and poor posture. The mass radiography unit visited Uffculme and the Culm Valley during the spring, longer notice of its coming would have resulted in better preparation and organisation; there need not be this disadvantage when a County has its own Unit.

We are now fortunate in having a consultant paediatrician for this area and I, for one, greatly appreciate Dr. Brimblecombe's kindness and co-operation. A new secondary school has been built at Uffculme and the serious over-crowding at Shillingford and Petton school has been relieved by the building of a new class room. There is no doubt that the new schools do bring about an improvement in children's health by relieving over-crowding and improving morals.

With regard to handicapped children and problem families it seems to me that more and more workers, working under different auspices, are involved in the effort to help and improve the lot of their children and families. It seems important that there should be as much co-operation and exchange of information between the workers as possible and this is most possible if opportunities for meeting are arranged.

I am grateful for the ready help of the Health Visitors and the co-operation of the Head Teachers.

#### **Dr. L. Solomon** (*Torquay Area*).

The number of healthy schoolchildren in Torquay continues to increase from year to year, as shown by the steady annual decrease in the number of defects of Hearing, Vision, Posture, Cleanliness (Verminousness), etc. Many defects are discovered and corrected in pre-school years, because the majority of parents bring their children to the Child Welfare Clinics. The Medical Officer therefore has the opportunity of advising about a child's health from birth to school leaving age. In the future one may even see an extension of this advisory health service to that other "vulnerable age group"—the Old People.

#### *School Medical Inspections, etc.*

The size of my area has been reduced slightly and the school population is now 5,045. During the year it was possible to examine 1,948 children in the "Periodical and Special" group, and 1,022 in the "Re-inspection" group.

Part-time employment appears to attract a large proportion of the eligible schoolchildren in this Area. Examinations were requested by 146 schoolchildren in the 13-year age group, to conform with County Byelaws (C. & Y.P. Act, '33). Of that number 125 were boys, representing about 50% of their age group.

Special medical examinations for Superannuation purposes or for prospective candidates for Teachers Training Colleges were carried out on 42 adults.

At the request of the Children's Officer, 73 children were examined on admission or discharge from Villa Languard Children's Reception Home.

Among the defects found at School Medical Inspections I would again like to draw attention to the Defects of Hearing. The Nursing Assistant tested the hearing of 4,745 children, of whom 61 could not hear a whispered voice at 3ft. Appropriate recommendations as to suitable position in class, lip-reading tuition, or medical treatment have been made in all these cases. Defects of this kind can lead to educational retardation, and in many cases were unnoticed by the parents.

#### *Diphtheria Immunisation.*

During visits to schools 565 Boosters and 71 Primary Inoculations were done. An increasing number of refusals were noted on S.H.2. Consent Forms. This represented 17% of all S.H.2 Forms for Primary Schoolchildren. 34 parents said they preferred their own Family Doctor to do the Inoculation, but in fact only 17 parents went to their Family Doctor by the end of the year. The absence of any cases of Diphtheria in this area for several years has made many parents complacent about the necessity for Booster, and even Primary Inoculations.

#### *Verminousness.*

The number of children found verminous at termly inspections by the Nursing Assistant has again dropped. It is now almost *one-tenth* of what it was in 1949 in this area.

All the work done during the year would have been impossible without the active co-operation of the Head Teachers, and the conscientious hard work of the Health Visitors and Clerical Staff. I would like to thank them.

#### **Dr. H. R. Vernon** (*Ilfracombe—Barnstaple Area*).

The growth of the school population and having three new schools in my area have made it impossible for me to carry out the Medical Inspections as I would wish. Several schools have had one visit only during the year and in some of the Secondary Schools it has been impossible to carry out examination of the "12 year old" group. On the other hand, I have visited some of the more remote schools three times. These schools have no clinics handy, and I find the visits of the "School Doctor" are greatly appreciated by parents and teachers—and are really necessary.

The health of the children has been excellent and attendances at school have been very good. The improvement is especially noted in families moved from overcrowded houses to the new housing estates.

The incidence of Pediculosis Capitis has been negligible. Parents—and children when old enough to understand—have shown a desire to come for advice on the slightest suspicion of trouble, in



marked contrast to the antagonism met with a few years ago. This I consider reflects great credit on the skill and tact of those carrying out hygiene inspections.

The adenoidal child is always with us and the controversial subject of whether they require operation or not, whether adenoids only or adenoids and tonsils should be operated on, and if so, at what age, keeps this subject full of interest.

Dr. Budding's observations in her report for 1952 on the apathetic outlook of school leavers on their future occupation interested me as I have met the same attitude in some of the schools in my area, and I agree with her that more use could be made of A.C.M.O.'s. in finding a type of employment suitable for some of these children. In this area I find more apathy on this subject in the country children who are transported to the towns such as Barnstaple and Ilfracombe where the school curriculum has a pronounced "urban" bias than there is amongst those who attend the smaller centres such as Braunton and Combe Martin where the work has definitely a more "rural" bias. If there could be Secondary Schools in the country for country children with an "agricultural" bias, it is my opinion that much of this apathy would disappear and the so-called drift from the land halted.

Finally I wish to thank all Health Visitors, School Nurse and Assistant School Nurses for their loyal support, and Headmasters and Head Mistresses for their co-operation and help in arranging medical inspections.

#### **Dr. G. H. Walker (*Exeter Area*).**

Dr. Walker reports that the routine work continued without any dramatic change. She states that for those A.C.M.O.'s. in and around the Exeter area, the bi-monthly ward rounds conducted by Dr. Brimblecombe have been greatly appreciated as a stimulus to one's clinical interest.

She also comments on the absolute necessity of close liaison between the School Doctor, Head Teacher, and Employment Agencies in the placement in employment of physically handicapped children.

She once again records with pleasure her thanks to teachers for their co-operation with school medical personnel, and abounding gratitude to the Health Visitors for their charming and indispensable comradeship.

### **SCHOOL DENTAL SERVICE IN 1954**

#### **Report by J. Fletcher, Principal School Dental Officer.**

##### **STAFF.**

For a short period during the latter end of the year the County Dental Staff reached the approved establishment of 19. Miss B. Simpson was appointed to the Exmouth Area on 1st March; Mr. H. J. Halestrap to the Tiverton Area on 21st June and Comdr.



(D) G. Baker to the Okehampton-Holsworthy Area on 1st October. The whole of the County was, therefore, covered for routine dental inspection, although in a number of areas the period between routine visits still exceeded the one year recommended by the Ministry of Education as the maximum for minimal efficiency. Unfortunately the picture of steady progress was later marred by the death, on the 11th December, of Dr. D. R. House of Paignton and Totnes Clinics. Dr. House, who joined the staff in 1943 had been in poor health for several years and his death was not altogether unexpected. He was a most conscientious worker and a popular officer in the Area he served. His possession of medical as well as dental qualifications made him extremely valuable for the administration of general anaesthetics for dental cases. His passing will cause a gap in the service which will be difficult to fill. Dr. House had been off duty since the end of July, but his absence had to some extent been compensated for by Mr. T. L. Fiddick, part-time dental officer in the Totnes rural area, working extra sessions at Paignton and Totnes Clinics.

DENTAL TREATMENT.

The details of fillings and extractions carried out per 100 children treated have shown a steady rise yearly from 1950 onwards, during which year the staff fell to its lowest level—the equalivent of 13½ dental officers. Since then there has been a slow but steady recovery but during the same period the number of children on roll has increased from 55,437 to 62,321. All the newly appointed dental officers have referred to the vast back log of dental work to be overtaken. A number of dental officers of longer standing have referred to the apparent increase in dental decay in school children and the increasing number of individual children with that type of rapid decay which it is difficult to keep under control by conservative treatment.

Treatment of Children per 100

Type of Treatment	1950	1951	1952	1953	1954
FILLINGS:					
In permanent Teeth (No. of teeth filled)	95.3 (83.4)	109 (94.3)	130 (113.9)	135 (118)	136 (117)
In temporary Teeth (No. of teeth filled)	11.1 —	14.5 (12.3)	17.3 (13.8)	16 (16)	20 (20)
EXTRACTIONS:					
Permanent Teeth	13.2	14.8	16.1	16.5	18
Temporary Teeth	89.4	75.5	80.2	67	79
Other Operations	72	97.5	100.3	99	92

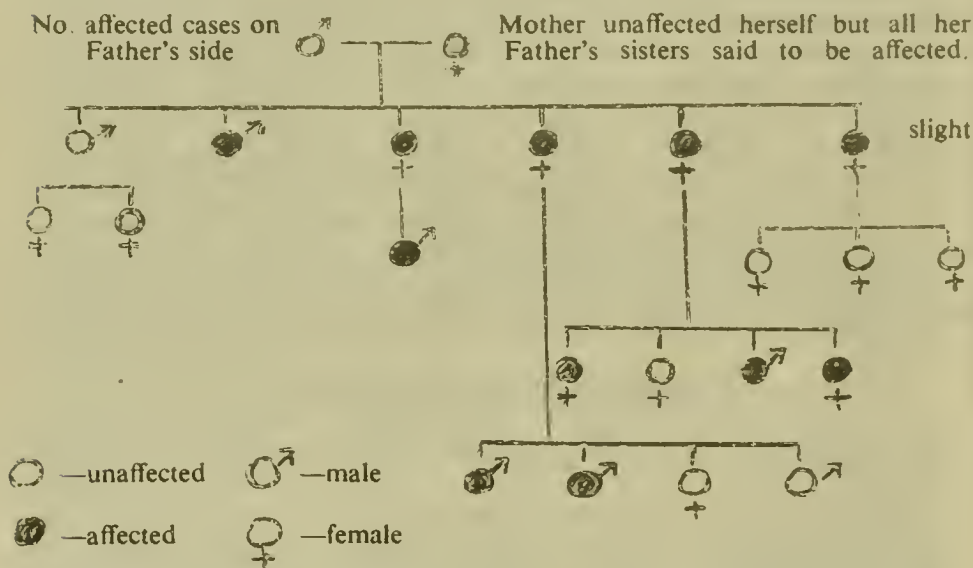
During the year 77 children have been fitted with partial dentures some of the spoon or Every pattern, 7 crowns and one inlay were fitted, one cyst was evacuated and surgical extractions involving a flap operation and subsequent situring were carried out in 5 cases. 345 X-Ray cases were taken. One operation for apicectomy was

carried out.

An acceptance rate of 69.2% of those found in need of treatment was recorded and one of 88.4% of these actually referred for treatment.

Two cases of unerupted permanent incisors caused by the presence of supernumerary teeth were referred for operation to the Dental Consultant at the Royal Devon & Exeter Hospital, Exeter, and one to the Dental Consultant at Plymouth. The subsequent eruption of the impeded teeth has been most satisfactory.

Mr. Steer has reported a number of cases of a rare hereditary non-inflammatory overgrowth of the gums (diffuse gingival fibromatosis) in the Newton Abbot area and the hereditary picture was established. One case so far has been operated on most satisfactorily at Bristol Dental Hospital for the removal of the excess tissue. After a period of time for the possibility of recurrence to be assessed and when the most appropriate age has been reached, the other related children will be similarly referred. Much credit reflects on the dental staff for the recognition and correct diagnosis of these cases. The hereditary pattern is set out in the family tree below:



#### CLINICS.

The new Bideford clinic was opened for dental treatment in April and has proved an asset to the town. The Clinic at "Greenhill" Kingsbridge, was transferred to better premises at "Tresillian" the same month.

One further "Gloster" Mobile Dental Clinic was acquired in October and immediately put into use in Okehampton area. I have referred before to the immediate popularity of these vehicles not only with the dental officers but also with the school teachers and parents and children. This year it was possible to use these mobile clinics in some of the smaller country schools where their success was immediate. Demands are being received from other schools for their use and it is obvious that it will be necessary to acquire at least two

more of these very useful vehicles if it is to be possible to fulfil all the requests received. During the year mobile clinics visited the following schools and districts:—

Tavistock, Plympton, Broadclyst, Dawlish, Princetown, Yealmpton, Kings School (Ottery St. Mary), Bovey Tracey, Lee Mill, Honiton Clyst, Budleigh Salterton, Loddiswell, Ashburton, East Budleigh, Colyton Grammar School, Pinhoe, Braunton, Sticklepath (Barnstaple), Cullompton Primary School, Appledore, Ilfracombe Grammar School, Heanton Punchardon, Bampton, Shillingford, Hartland and Okehampton.

During the latter part of the year the planning stages for a combined medical and dental clinic at Tavistock, on similar lines to the one at Bideford, were put in hand.

#### ORTHODONTIC TREATMENT.

All the County Dental Officers are permitted to take part in the orthodontic scheme and the number of cases which they are authorised to have under treatment at any one time is limited in accordance with the type of area served. This limitation is necessary to ensure that the work, important though it be, does not encroach unduly on the time which must necessarily be devoted to the less spectacular routine fillings and extractions. Reports from a number of areas state that requests for orthodontic treatment are increasing.

In addition to those clinics set out in my report of the Year 1953, Mr. A. S. Peacock, the County Orthodontic Specialist Officer, now visits Tiverton and Okehampton, which areas, vacant for some time, have once again a whole-time Dental Officer to serve them.

Details of orthodontic treatment carried out during the year are as under:—

Cases carried forward from 1953	..	..	287
New cases commenced during 1954	..	..	277
Cases completed during 1954	..	..	176
Cases discontinued, left district, etc.	..	..	73

#### PREVENTION OF DENTAL DISEASE.

In my last year's report reference was made to the value of vigorous mouth rinsing with water, which is afterwards swallowed, at the end of meals or after eating of any kind. In a circular recently issued by the Education Department this point was taken up and Head Teachers were urged to encourage children to adopt the rinse and swallow habit at the end of school meals. Dental decay, the incidence of which has shown a considerable increase during the past few years, has been shown to be associated with soluble sugars and starches remaining in contact with the teeth after eating. Mouth rinsing, which should be repeated three times a day, can very quickly reduce the sugar content of the oral fluids. I believe this rinsing and swallowing to be a most important preventive habit and express the hope that teachers will take up the suggestion as its adoption need in no way offend social convention.

## CO-OPERATION.

In conclusion I would like again to express on behalf of myself and my colleagues our thanks to the teaching staffs of the schools we visit for the kindly way in which we are received and for the very valuable help given us in our work on behalf of the children. In those areas where general anaesthetics are administered for dental cases by our medical colleagues, the dental officers have asked that their appreciation of this service should be recorded.

### DENTAL INSPECTION AND TREATMENT\*

*Primary and Secondary Schools (including Grammar)—also Special Schools*

(1)	Number of pupils inspected by the Authority's Dental Officers:				
	(a) Periodic age groups	..	..	..	39,802
	(b) Specials	..	..	..	2,104
				Total (1)	41,906
(2)	Number found to require treatment	..	..	..	26,907
(3)	Number referred for treatment	..	..	..	21,067
(4)	Number actually treated	..	..	..	18,621
(5)	Attendances made by pupils for treatment	..	..	..	38,325
(6)	Half-days devoted to:	Inspection and Treatment	} Including Orthodontic Treatment	..	6,115†
				Total (6)	6,115†
(7)	Fillings:	Permanent Teeth	..	..	25,328
		Temporary Teeth	..	..	3,718
				Total (7)	29,046
(8)	Number of teeth filled:	Permanent Teeth	..	..	21,720
		Temporary Teeth	..	..	3,675
				Total (8)	25,395
(9)	Extractions:	Permanent Teeth	..	..	3,328
		Temporary Teeth	..	..	14,432
				Total (9)	17,760
(10)	Administration of general anaesthetics for extraction..			..	3,510
(11)	Other operations:	Permanent Teeth	..	..	13,268
		Temporary Teeth	..	..	3,804
				Total (11)	17,072

\*For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

†Includes 371 sessions devoted to Orthodontic Treatment.



## INDEX

Area, Attendance, etc. . . . .	<i>Page</i> 8
Assistant County Medical Officers, Reports of . . . . .	44
Child Health Survey . . . . .	42
Children's Homes . . . . .	41
Clinics . . . . .	28
Consultation Schemes . . . . .	41
Dental Service . . . . .	2 and 54
Employment of School Children . . . . .	42
Eye-Condition and Vision . . . . .	26
Hair Hygiene . . . . .	16
Handicapped Pupils . . . . .	22
Infectious Diseases . . . . .	42
Medical Inspection . . . . .	8
Meals and School Feeding (including Milk) . . . . .	15
Mental Health and Educational Retardation . . . . .	1 and 23
Minor Ailments . . . . .	28
Neglected Children . . . . .	41
Open-Air School . . . . .	25
Physical Education . . . . .	17
Private Schools . . . . .	43
Sanitary Defects in Schools . . . . .	43
Speech Therapy . . . . .	31
Staff . . . . .	3
Students, Examination of . . . . .	42
Tuberculosis . . . . .	34 and 36

